

स्थान रोटरी कैंसर अस्पताल
 te Rotary Cancer Hospital
 /A.I.I.M.S. HOSPITAL
 Out Patient Department
 NO SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

DIL B.R.A. INCLAHMS, NEW DELHI
 IRCTI No. 230014 Reg. Date-06/06/2019
 Clinic Paed Lymphoma Leukemia Clinic
 Deptt. MEDICAL ONCOLOGY
 General E-File No. 200142019



UNITID-104345917

नाम साजन
 Name SAJAN
 R/O- ADISHHEK PANDEY
 Phone No. 9004641428
 Address VILL + PO SIRNAWAN, DIST NALANDA, BIHAR, Pin-803110,
 INDIA

Sex/Age M/7Y
 Room 5 (Shift Morning)

बोरोसिड पंजीकृत सं/O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
		Dr SB / 17/07

निदान/Diagnosis: Relapsed B-ALL

दिनांक/Date	उपचार/Treatment
17/07/23	<p>HMW SB SI HD5 0-0-0 10 PRBC — (2nd floor)</p>
	<p>MANAV SEWA</p> <p>Inj L-asparaginase 5000U I/M — (सुकट खाती पेट) - कमरा No 15</p> <p>Inj GCRF 100 ug/m² qd OD x 2 days</p> <p>R/V — 20/07/23 C CBC LFT RT</p>
	<p>- Concl cepham / Acemi</p>



अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

20/4/23

BMA + research
sample

Dated
on 21/4/23
at 0:30

Fv with CBC + HCT/PP

on 26/4

MANAV SEWA

Ht - 112 cm
wt - 17.5 kg

Date

26/04/2023

Tab. Peramethasone 8mg after food
x 2 weeks

Tab. Lactulose 15mg o.p

21/4/23

H. CA match

0 unit blood donation

BBO kindly
accept 0 unit
donation

CSF cytopath done
on 26/4/23

Tuberculin exam

B/L Tests - Normal

Tab PCM 250mg
P/O OOL

F/v on 3/05/2023 C.C.C

repar



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R.A. Ambedkar Institute Rotary Cancer Hospital

ज्ञ/आ.आई.एम.एस. हॉस्पिटल
'Out Patient Department'
SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

DR. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL
IRCH No. 210014
Clinic Paed. Lymphoma & Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date-06/06/2018
Clinic No. 20014/2019



UHID-104545907

1. _____

बर्तमान पंजीकृत सं./O.P.D. Regn. No. _____

दि/वृत्ति
D of

लिंग
Sex

वय
Age

जन्म तिथि/Date of Birth

नाम सज्जन

Name SAJAN

SD- ABHISHEK PANDY

Phone No. 7004641428

Address VIII - PO SIRNAWAN, DIST NALANDA, BIHAR, Pin 803110, INDIA

Sex/Age M/5Y

Room 5 (Shift Morning)

निदान/Diagnosis:

All-Relapse

दिनांक/Date

उपचार/Treatment

1/6/23

Inj. VCR 1mg IVP - 1/6

Inj. Epirubicin 10mg

MANAV SEWA का समय 15

d2 - 15mg

Inj. Zofen 4mg IVP d1
d2

Inj. L-Asparaginase 5000 units IM

1/6

3/6

5/6

Cont ATT

Rx with

CBC on 8/6/23

Signature

01 CT
01/06/2023

हार्ड-1

2/6/23

ZCTC Center
H2V Dept

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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c/a ? herpes lesion
@ hand

put
over

Tak Acivir 200 mg BD. \rightarrow . x 10 days
Keep hands clean

~~wha~~

From 12/6

MANAV SEWA

0/6/23

Adv

T. Acivir 200 mg q6hly x 7 days

T. Augmentin 375 mg BD x 7 days \rightarrow

T. doxoflox 250mg OD x 7 days \rightarrow

T. Emcet 4mg SOS

T. Pantop 40mg OD BPF

HU on 11/6/23 \bar{c} CBC/LFT/RFI

~~Inf A CSF 100mg stc OD x 5 days. Adv~~
 \rightarrow Ruo (15)



DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Room No. 75, Ground Floor, Near Examination Section
Ansari Nagar, New Delhi-110 029

Tel : (01 11) 2659 3305, 2659 4036, E-mail : hla.aiims@gmail.com

IMMUNOGENETICS TEST REQUISITION FORM
HEMATOPOIETIC STEM CELL TRANSPLANTATION

HLA No.

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 230014
Clinic Paed. Lymphoma Leukemia Clinic
Dept. MEDICAL ONCOLOGY
General

Reg Date-06/06/2019

Clinic No. 20014/2019



UHID-101545907

Hospital Record

Reg No

Hospital

Unit / Ward

Physician Dr. Sameer Bakshi / Dr. Deepan Bakshi

Fax

E-mail

नाम साजन

Name SAJAN

SOB- ABHISHEK PANDIY

Phone No. 7004641428

Address VILL. + PO SERNAWAN, DIST NALANDA, BIHAR, Pin:803110, INDIA

Sex/Age M/6Y

Room 5 (Shift Morning)

Tel. Fax

E-mail

Clinical Details

Date of Diagnosis Clinical Remission Y N Date History of relapse Y N Date

Details of vi. chemo. therapy

MANAV SEWA

Is patient on special protocols (Steroids or Immunosuppression etc)

History of Blood Transfusions

Blood Group TLC Counts

HIV Pos Neg

Number of units given so far Date last Transfused

Hepatitis Pos Neg

Other relevant information

HbsAg Pos Neg

Original Disease

AML

CML

MDS

Aplastic Anemia

ALL

Multiple Myeloma

Thalassemia

Others

Tests Requested

Class I Serology

Class I Molecular

Class II Molecular

High Resolution (ABC/DR/DQ)

Important

No results will be supplied if this form is not completed

Family information should be provided over IMT

Specimen requirements: 8-10ml EDTA Blood

Testing Details: Samples collected on Monday & Wednesday, with prior appointment only



Prof. SAMEER BAKHSI

Medical Oncology

Dr. B.R.A. IRCH, AIIMS

New Delhi-110029

Phone No. 18036

Handwritten signature of Prof. Sameer Bakshi

MEDICAL OFFICER



आचार्य समीर बक्षी/Prof. SAMEER BAKHSI

मिडिल कैंसरिअल इम्युनोलॉजी

डॉ. पी. व. अ., री. व. अ.

Dr. B.R.A., IRCH, AIIMS, New Delhi-110029

डॉ. पी. व. अ. री. व. अ. DMC Registration No. 18036



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Home collection Facilities Available
Fully Computerized Lab
All Lab Tests
Ultrasound, Color Dopplar,
Digital X-Ray, ECG, EEG, EMG
NCV, ECHO, CT SCAN, MRI

LABORATORY REPORT

PATIENT NAME : SAJAN	AGE: 07 Yrs	SEX: M
REF.BY. : AIIMS	REF.No.:44965/23	DATE: 13/07/2023

HAEMATOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
HAEMOGLOBIN (Hb)	7.4	gm%	13.0 - 17.0 (M) 11.5 - 13.5 (F)
TOTAL LEUCOCYTE COUNT (TLC)	2500	/cmm	4000 - 11,000
PLATELETS COUNT	2.13	lac/cmm	1.5 - 5.0
ANC	0.65	X10 ⁹ /L	2.0 - 7.0
MCV	89.6	fL	78 - 98

MANAV SEWA

End of the reports

D. Anand
Lab-Tech: sign

DR. POONAM K GEDAM
MBBS, DPB PGDMCH
Consultant Pathologist

68 1st Floor Yousuf Sarai, Gautam Nagar, Road Near PNB ATM New Delhi-16

Mob.: 9540450940, 9868343408

Timing : 8:00 - 8:00PM (Mon - Sat) 8:00 - 2:00 (Sunday)

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Not for Medico Legal purpose



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All Lab Tests
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Digital X-Ray, ECG, EEG, EMG
NCV, ECHO, CT SCAN, MRI

LABORATORY REPORT

PATIENT NAME : SAJAN	AGE: 07 Yrs	SEX: M
REF.BY. : AIMS	REF.No.:44943/23	DATE: 10.07.2023

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	8.5	g/dl	13.0 - 17.0 (MA)

TO
PL/
ANC
MCV

MANAV SEWA

(0.81)	X10 ⁹ /L	2.0 - 7.0
80.7	f	78 - 98

End of the reports

D. A. Lal
Lab Tech. sign

Poonam
DR. POONAM K GEDAM
MBBS, DPB PGDMCH
Consultant Pathologist

68 1st Floor Yousef Saral, Gautam Nagar, Road Near PNB ATM New Delhi-16
Mob.: 9540450940, 9868343408

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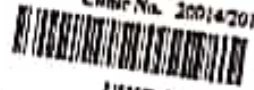
डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Cancer Hospital

अ.भा.आ.सं.
बहिरंग रो
अस्पताल के अन्दर धूमपा

OPR-6

एक/Unit PROF SB/D/D
विभाग/Dept. MO.
नाम/Name

DR. D.R.A. INCILATINS, NEW DELHI
IRCTI No. 230014
Clinic Pand. Lymphoma Leukemia Clinic
Dept. MEDICAL ONCOLOGY
General
Reg. Date-06/06/2019
Clinic No. 200142019
Name SAJAN
S/O- ABHISHEK PANDEY
Phone No. 7004641423
Address VILL. + PO SIRNAWAN, DIST NALANDA, BIHAR, Pin-803110.
Sex/Age M/4Y
Room 5 (Shift Morning)



Age of Birth

विद्य/ Diagnosis AN - m2

दिनांक/Date

उपचार/Treatment

18.1.24.

FN - Referred.

ADVICE.

1) Symp ~~...~~ Alex. 2 tsf 805 if touch
MANAV SEWA
2) Tab. ~~...~~ 600 mg OD T/S

Room no 15
D1 18/1/24
D2 20/1/24

3) INT G-CF 75 mg qd 3 days

4) Tab. Folic Acid 5mg OD x 7 days.

5) R/O 23/2/2022 with BC

6) Restart 6mp/mr after 5 days

wt H+

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continue next day
F/V on 24/07/2023 CRB

date
20/07/2023

see you

date
24/07/2023

tab kera 8mg after food 4 days then stop
और के बाद 4 दिन
tab lansol 4 15mg OD BBP 4 days then stop
सुबह आधी 4 2

CT
24/7/23

24. VCR 1.1 mg IV
syrbor 5ml HS 2TC H
24. Emet 2mg IV

कमरेत-15

reverse the
VCR, spi 9 1 dose
of lasparagil

38 mg slow IV

MANAV SEWA

F/V on 31/07/2023

see you

(P4)

DR. BR AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL, AIIMS, NEW DELHI-110029

DEPARTMENT OF MEDICAL ONCOLOGY

DISCHARGE SUMMARY

"UNLESS OTHERWISE SPECIFIED ALL DATES MENTIONED IN THIS NOTE ARE IN THE FORMAT DD/MM/YYYY"

REGISTRATION DETAILS:

NAME:SAJAN	UHID: 104545907	IRCH NO:
BED:C6/37	DOA:14/05/23	DOD:27/05/23
AGE: 6YRS	GENDER:MALE	

CONSULTANT INCHARGE:SAMEER BAKSHI/DR DEEPAM PUSHPAM

DIAGNOSIS:

1. R/ALL ON UK ALL INDUCTION
2. FEBRILE NEUTROPENIA (RESOLVED)
3. CNS TB (MENINGITIS +TUBERCULOMA)-CLINICALLY & RADIOLGICAL DIAGNOSIS ON ATT WEF 23/5/23

CURRENT ADMISSION SUPPORTIVE CARE
CASE SUMMARY:

PATIENT IS ON R/ALL ON UK ALL REINDUCTION PRESENTED ON DAY +11 WITH HISTORY OF HIGH FEBRILE FEVER, HEADACHE, VOMITING, O/E NECK RIGIDITY + FALSE LOCALISING SIGN + , LAB PARAMETERS REVEALED GRADE 3 NEUTROPENIA, GRADE 3 ANAEMIA, CECT HEAD WITHIN NORMAL LIMITS, FUNDUS SHOWED NO PAPPILLEDEMA, HE WAS STARTED ON BACTERIAL MENINGITIS PROTOCOL WITH DEXA. CSF EVALUATION DONE REVEALED LYMPHOCYTIC PLEOCYTOSIS, ELEVATED PROTEIN, LOW GLUCOSE, CSF CYTOMORPHOLOGY SHOWED NO BLASTS, TB RT PCR, CRYPTOCOCCAL, BACTERIAL, FUNGAL C/S NEGATIVE TWICE. PATIENT HAD PERSISTENT HEADACHE, PARTIAL RESPONSE TO ANTIBIOTICS AND CSF ANALYSIS S/O CHRONIC MENINGITIS PICTURE, CEMRI BRAIN WAS DONE WHICH SHOWED LEPTOMENINGEAL ENHANCEMENT, RING ENHANCING LESIONS -FRONTOPARITAL LOBE, S/O CNS TB AND WAS STARTED ON ATT + DEXA WEF 23/5/23. CURRENTLY CHILD IS SYMPTOMATICALLY BETTER AND IS BEING DISCHARGED IN A HEMODYNAMICALLY STABLE AND AFEBRILE CONDITION, WITH ADVICE TO FOLLOW UP IN OPD.

TREATMENT

INJ CEFTRIAZONE 7 DAYS
INJ VANCOMYCIN 7 DAYS
DEXA WEF 14/5/23
2 PRBC

ADVICE AT DISCHARGE & FOLLOW UP:ATT WEF 23/5/23

consolidation - Day 1 11/7 Daycare (check lab)

10/6/23

inj Euresit 3mg
inj Deca 3mg
inj Rantac 25mg

100 ml NS

iv 30 min

30/6/23, 2/7/23, 8/7/23

11/7/23

Day care 2nd floor

inj Etoposide 110 mg | 250 ml 5% D | iv 2 hours

inj strac 225mg slow ivp.

Post Chemu

check labs

10/7

Tab Euresit 3mg TDS x 3 days

MANAV SEWA

13/7
OK

3/0 CBC | LFT | KFT. on 13/7/23

BMA / FCM report

13/7/23

- go for chemu as above
- 2mg GleeF 100 mgm q/c OD x 3 days.
- 1/v CBC on 17/7

Cont Sepham D1 (GeeF 150mg)

D3 15/7/23 14/7/23

✓

✓



NATIONAL TB ELIMINATION PROGRAMME

Govt. of NCT of Delhi

TB Identity Card

Name: SAJAN KUMAR TB No. _____

Sex M F TG

Age: 06y

Address: H-N-F-123, 1st floor Kuberanagar
Sector

Contact No: 7004641428 Aadhar ID: 392550422501

PHI Box Sector TU III District NIT

NIKSHAY ID: 39416940

Episode ID: _____

Name and designation of treatment

Supporter: Rupesh Kumar

Contact number and address of treatment

Supporter: 7065021931

Type of Patient

- New
- Recurrent
- Treatment after lost to Follow up
- Treatment after failure
- Other previously treated
- Transferred in

CPT ART Diabetic Smoker

Date of starting treatment: (06/06/2013)

Site of Disease	Case Definition	Dosage
<input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary (site <u>CNS</u>)	<input type="checkbox"/> Microbiologically Confirmed <input checked="" type="checkbox"/> Clinically diagnosed	<input checked="" type="checkbox"/> FDC <input type="checkbox"/> Loose Medicine

202

Old report/Call.

संस्थान रोटरी कैंसर अस्पताल
Institute Rotary Cancer Hospital
ल/A.I.I.M.S. HOSPITAL
/Out Patient Department
SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

DR. R.R.A. DICHLAIMS, NEW DELHI
IRCTI No. 22014
Reg. Date 06/06/2019
Clinic Paed. Lymphoma Leukemia Clinic
Date No. 2003/02010
Dept. MEDICAL ONCOLOGY
General
नाम साजन
Name SAJAN
NO. ADHISHIK, PANDUY
Phone No. 700641428
Address VILL. • PO SIRNAWAN, DIST NALANDA, BIHAR, Pin 803110, INDIA



V11113-101545907

ह/उम्र D of	लिंग Sex	उम्र Age	जन्म तिथि/Date of Birth
			10/03/1980

नियत/Diagnosis Relapsed ALL

दिनांक/Date	उपचार/Treatment
17/6/23	<p>MMW/EB/RI TDS 0-0-0 Inf vca 1mg (19/6) CT + leuras (26/6) CT No 15</p> <p>Inf L - asparaginase 5000 U /m (22/6) No 15</p>
1/7 VP-16 + Ara-C OK	<p>Cont. ATT</p> <p>BMA / MRD (26/6) ? Saturday all given on 23/6/23 @ 8:30am</p> <p>R/v: 28/6/23 CBC LFT PTN</p>

MANAV SEWA

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All Lab Tests

Ultrasound, Color Dopplar,

Digital X-Ray, ECG, EEG, EMG

NCV, ECHO, CT SCAN, MRI

LABORATORY REPORT

PATIENT NAME : SAJAN	AGE: 07 Yrs	SEX: M
REF.BY. : AIIMS	REF.No.:45035/23	DATE: 24.07.2023

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	10.1	gm%	13.0 - 17.0 (M) 11.5 - 13.5 (F)
TOTAL LEUCOCYTE COUNT (TLC)	3800	/cumm	4,000 - 11,000
PLATELETS COUNT	86	lacs/cumm	1.5 - 5.0
ANC	0.45	X10 ⁹ /L	2.0 - 7.0
MCV	91.9	fl	78 - 98

MANAV SEWA

End of the reports

D. Anand
Lab Tech. sign

DR. POONAM K GEDAM
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Consultant Pathologist

68 1st Floor Yousuf Sarai, Gautam Nagar, Road Near PNB ATM New Delhi-16

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भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0535/12055/90351

To
साजन कुमार,
Sajan Kumar
CO: Ashishak Pandey,
SIRNAWAN
Srinawan
Srinawan
Nalanda Bihar - 803110
7004541428

Issue Date: 20/11/2016

Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

3985 5042 2601
VID : 9122 4885 5770 2819

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 20/11/2016



साजन कुमार
Sajan Kumar
जन्म तिथि/DOB: 22/07/2016
पुरुष/ MALE

Issue Date: 20/11/2016

3985 5042 2601
VID : 9122 4885 5770 2819

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
CO: Ashishak Pandey, SIRNAWAN,
Srinawan, Nalanda,
Bihar - 803110



3985 5042 2601
VID : 9122 4885 5770 2819

1047 | help@uidai.gov.in | www.uidai.gov.in



भारत सरकार
Government of India



अन्नू कुमारी
Annu Kumari
जन्म तिथि/DOB: 10/06/1995
महिला/ FEMALE

MANAV SEWA

Issue Date: 26/11/2020

Download Date: 07/01/2021

6752 9584 1063

VID : 9118 4388 6656 5272

मेरा आशा, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:
द्वारा: अभिषेक पाण्डेय, सिरनावा, सिरनावी, नालंदा,
बिहार - 803110

Address:
C/O: Abhishek Pandey, SIRNAWAN,
Sirnawan, Nalanda,
Bihar - 803110

MANAV SEWA



6752 9584 1063

VID : 9118 4388 6656 5272



1947



help@uidai.gov.in



www.uidai.gov.in

Weight Band

Adult: 25-34 Kg 35-49 Kg 50-64 Kg 65-75 Kg ≥75 Kg

Pediatric: 4-7 Kg 8-11 Kg 12-15 Kg 16-24 Kg
 25-29 Kg 30-39 Kg

No. of tablets of FDC: U+4E

Sputum Results

	Smear result with date	CBNAAT result with date	LPA result with date	Culture result with date
Diagnosis	-	-	-	-
End IP				
End RX				
6 Months				
12 months				
18 months				
24 months				

MANAV SEWA

Appointment dates

6/6/2023 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28
 July 1, 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

In case of side effects or queries please contact
 Name and Contact number: _____

Treatment outcome: _____ Date: _____

TC-20-MLN-141929/201114,930 017 GST INVOICE PH-91-1808206238,9354031489

+ ALL INDIA CHEMIST +

134, SHOP NO-2, KATWARI SARAI, NEW DELHI-110016

Bill No : 000605

Date : 26/07/2023

Patient : SAJAN (MANAV SEWA HEALTH AND EDUCATION TRUST)

Address :

Prescribed By : AIIMS

QTY	PARTICULARS	MSN	GSN	BATCH	EXPIRY	AMOUNT
1	LOGZ SYRUP 210ML	30049099	5.00	23023104	03/25	271.2
20	ACIVER DT 200MG TAB	30049099	12.00	SK30325	02/26	170.4
1	BETADINE SOLUTION (10%)10	30049007	12.00	P00183	03/25	107.5
1	BETADINE GARGLE 2% 100ML	3004	12.00	P00563	09/24	277.0
15	LANZOL JUNIOR 15MG TAB	0902	12.00	BA31124	04/25	182.6
20	SEPTRAM DS TABLETS	0902	12.00	071122-BKP	16/24	50.4
16	DECAVAX 8MG DS TAB	0902	12.00	0N1022206	10/25	128.0
20	EMESET 4MG TAB	30049099	12.00	SK30370	02/26	114.9
1	BAULAKRA STEAMER INHALATO	0902	12.00	**	00/00	460.0

NET TOTAL 1,742.15

DIS. AMT 151.00

PAID AMT. 1,581.00

THANK YOU

All Disputes Subject To DELHI Jurisdiction Only.

AUTHORISED SIGNATURE