



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ सं. अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

DR. B.R.A. IICHAHMS, NEW DELHI

IRCH No. 305747

Reg. Date-09/10/2023

Clinic Paediatric Medical Oncology Clinic

Clinic No. 2023/6941

Deptt. MEDICAL ONCOLOGY

General



UHID-107063897

Patient Department

PROHIBITED IN HOSPITAL PREMISES

नाम

Name MEGHA SINGH

रोगी पंजीकृत सं/O.P.D. Regn. No.

Phone No. 9410004377

Room Board Room (Shift Morning)

लिंग
Sex

वय
Age

जन्म तिथि/Date of Birth

Address UTTAR PRADESH, INDIA

निदान/Diagnosis

R PNET

दिनांक/Date

उपचार/Treatment

20/11/23

Ref to Ortho OPD

- Date for Spine Scan Mid

Dr. Shah / Dr. Khan / Dr. Verma

MANAV SEWA NGO

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

9. Inj. Pq G-CSF lung s/c - d # 5 (check No. 15)

10. Fr with CBC + LFT/RFT on

16/11/23

Sameer Bakshi

Date
16/11/2023

F/u CBC on 20/11/2023

reopen

Ht=145cm
Wt= 34.4kg

7/12/23

Wt # 9

- Rpt. above cycle + (New port ward day)
17/12/23
Inj G-CSF (d # 15) on
- Fr with CBC + LFT/RFT on
28/12/23

Sameer Bakshi

wt -> 33kg

~~DAYCARE: 12/23
13/12/23 7:30am
Appointment Date: Time:
MEDICAL ONCOLOGY,
Dr B.R.A. IRCH, AIIMS~~

NOT willing for
NCI.

DAYCARE: 12/23
13/12/23 7:30am
Appointment Date: Time:
MEDICAL ONCOLOGY,
Dr B.R.A. IRCH, AIIMS
OK to give

DAYCARE: 12/23 7:30 am
15/12/23
Appointment Date: Time:
MEDICAL ONCOLOGY,
Dr B.R.A. IRCH, AIIMS

NCI-1

CKID-81423



डा. बी. आर. अमरोत्कर संग्रहण रोटरी कैंसर अस्पताल
Dr.

ancer Hospital
OSPITAL

OPR-6

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 395747 Reg. Date: 09/10/2023
Clinic: Paediatric Medical Oncology Clinic Clinic No. 2023-0994
Deptt. MEDICAL ONCOLOGY General
Barcode
UHH: 107063897

Department
HOSPITAL PREMISES

IRCH No. नाम
Clinic Oncology Name MEGHA SINGH
Deptt. DR B.R.A. General
Phone No. 9410004377
Address , UTTARAKHAND, INDIA

Sex/Age F/10Y
Room Board Room (Shift Morning)

/O.P.D. Regn. No.

जन्म तिथि/Date of Birth

नाम
Name MEGHA
D/o RAVINDRA SINGH
Phone No. 9410004377
Address UTTAR PRADESH, INDIA
Sex/Age F/10Y
Room Dr BRAIRCH (Shift Morning)

निदान/Diagnosis

PINE ✓

दिनांक/Date	उपचार/Treatment
30/10/23	WR #3
1.	Inj. IFOSFAMIDE 3.5g in 2 DNS d1-3 → 3.5g
2.	Inj. Mesna 1gm IVP - MRD, 37 d1-3 Near Mother Dairy
3.	Inj. VP-16 200mg in 105ml d1-3
4.	Inj. Zifen 8mg IV d1-3
5.	Inj. Zifen 8mg IV d1-3
6.	T. Zifen 4mg 0 बार d1-5 5 बार
7.	T. Zifen 4mg 0 बार
8.	Cyp. Amecap d1-125mg d2-50mg d3-50mg

New
Pvt
Ward
Near
Mother
Dairy

WF= 34.8g
DAYCARE 023
WK 3
Appointment Date: 31/10/23 Time: 7:30AM
MEDICAL ONCOLOGY,
Dr B.R.A. IRCH, AIIMS
Check Labs

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

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अभिलेखन विभाग

कक्षा / Room



UHID: 107063897
Dept No.: 20230090055294

C-110
Unit

Orthopedics

खण्ड, पुणे

Visit Print QR:
18/12/2023

Queue: N23

Megha Singh

107063897 / 18/12/2023
Add: UTTARAKHAND, PUNJAB



Mobile: 9410004377 New Patient Gender: F

Reporting: 0547 38

नेक विभाग

दिल्ली-११००२६

RADIO DIAGNOSIS

DELHI - 110029

RADIOLOGICAL EXAMINATION REQUISITION FORM

Name :

Age/Sex :

Ref. Deptt./Unit :

Date :

Indoor (Bed No.) / Outdoor / Casualty

UHID No. :

LMP :

Examination Required :

Clinical History and Examination :

x-ray (R) hip joint ← *AP Axillary View*

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine
Any h / o allergy or asthma
(for IVU patients only)

Signature of Referring Physician / Date

Mahesh J R Joshi

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me

Signature of Patient / Date :

Your appointment is on _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer :

P.T.O.

MANAV SEWANGO

आधारित विभाग



UHID: 107083897
Dept No.: 20230080055284

कमरा / Room

C-110
Unit-II

Orthopedics

सोम बुध शुक्र

Visd Fr (व्या. यंत्र)

19/12/2023

Queue: N23



Reporting 0847 28

Megha Singh

10Y 5M 10D / 19/12/2023
Add: UTTARAKHAND, INDIA

Mob: 9410304577 New Patient Gender: 0

चिकित्सा विभाग
LABORATORY MEDICINE

रासायनिक
CHEMISTRY

अंसारी नगर, नई दिल्ली-110029
Ansari Nagar, New Delhi-110029

MOD CHEMISTRY

नाम / NAME

आयु / Age

लिंग / Sex

UHID NO.

OPD / WARD

UNIT

BED NO.

Date

CDC, LFT, RFT,

ESR, CRP, iVEM,

Diagnosis

VIT D3

&

Clinical

Signature

Time of

Note :-

Name of Medical Officer

Specimen Collection

For Lab. Use only

Lab. Ref. No.

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

अतिरोग विभाग	कमरा / Room	OPR-6	
रोगी	UHD: 107063897 Dept No.: 20230080055294	C-110 Unit-II	
एक	Orthopedics	रोगी के पंजीकृत सं./O.P.D. Regn. No.	
दिनांक	सोम बुध युज.	आयु Age	पता/Address
Megha Singh	Wed Fri (बुध शनि) 18/12/2023 Queue: N23		
101 SM/SD / FR/रोगी Add: UTTARANCHAL, INDIA Mob: 9410064377 New Patient General Q	 Reporting 0947.36		

निदान/Diagnosis

Clavicle (R) humerus & NET

दिनांक/Date

उपचार/Treatment

Clavicle - Pain (R) Shoulder X 4 months
- NO H/O T.B. Trauma.
H/O of I.R.C.H. (AIIMS).
H/O E (2349437) = Not slo mets.
23-48715 → Cellings Scaran
(R) Prox humerus
Bone marrow core Not slo mets.
H/O chemo 4 (R) ~ 13/Dec/23.
ok for (R) Shoulder
Skin. Healed scar mark of Bx on
(R) Shoulder. (2mm x 2mm).
examined no AB (R).
Swelling + No app. swelling
on palpation + 4 x 4 cm bony
swelling on (R) Prox humerus
bony, hard, NO skin, muscle,
soft tissue involved. Consider
metastasis.

Ix + CXR,
LFT, RFT,
ESR, CRP,
RDW, VLBs,

X-ray (R)
Shoulder
AP
Anterop.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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)



Tend + ⊖.

Temp + ⊕.

ROM + full & free.

DWV + ⊖.

Mx I, 25/sep. Intramedullary focal lesion upper
numerous involving epiphysis, metaphysis
& diaphysis periosteal rx
s/c using sarcoma. (3.4, 3.2, 6.6 cm)

Plan

① Mx I ② Mandible ③ Humerus
④ Scapula

② T. Calcium 500 mg OD, 2 weeks

③ Sacroct Vit D₃ weekly 2 weeks

④ Pw in IRCH.

⑤ R/w reports

Maheshwari
J R other



सत्यमेव जयते

भारत सरकार
GOVERNMENT OF INDIA



आधार

Download Date: 16/01/2022



मेघा सिंह

Megha Singh

जन्म तिथि/DOB: 12/07/2013

महिला/ FEMALE

Mobile No: 9927828080

6534 5331 2746

VID : 9108 9150 3281 5547

Issue Date: 25/05/2018

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY OF INDIA



आपका: रविन्द्र सिंह, गली नं 15, महावीर नगर, जगन
रोड, अग्रा, अग्रा,
उत्तर प्रदेश - 282001

Address :

D/O: Ravindra Singh, gali no 15, mahaveer
nagar, jagner road, Agra, Agra,
Uttar Pradesh - 282001



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
GOVERNMENT OF INDIA

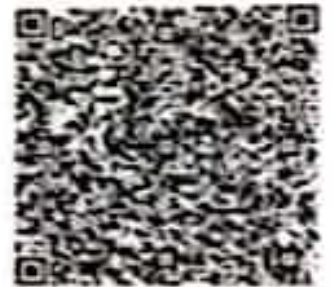


वर्षा सिंह

Varsha Singh

जन्म तिथि/ DOB: 10/06/1991

महिला / FEMALE



2691 2000 7984

आधार-आम आदमी का अधिकार



पञ्चतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

अर्धांगिनी: रविन्द्र सिंह, गली
न 15 महावीर नगर जगनेर
रोड आगरा, आगरा, आगरा,
उत्तर प्रदेश - 282001

W/O Ravindra Singh, gali no 15
mahaveer nagar, jagner road agra,
Agra, Agra,
Uttar Pradesh - 282001

2691 2000 7984

Aadhaar-Aam Admi ka Adhikar



भारत सरकार

GOVERNMENT OF INDIA



रविन्द्र सिंह

Ravindra Singh

जन्म तिथि/ DOB: 10/09/1987

पुरुष / MALE



4077 6708 0285

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
RESERVE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: धनश्याम सिंह,
65/244, यमी न.15
महावीर नगर शिवनगर
जगनेर रोड, राज मेमोरियल
विद्यालय के पास, भगत
सुब्बाबा, आगरा, आगरा,
उत्तर प्रदेश - 282001

Address:

S/O Ghanashyam Singh 65/244, gate
no 15 Mahaveer Nagar Shivnagar
Jagan Road near Raj Memorial
school, Saray Khwaza Agra Agra,
Uttar Pradesh - 282001

4077 6708 0285

Adhaar-Aam Admi ka Adhikar



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
वहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूमपान करना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

उपचार विभाग

कमरे / Room

OPR-6



UHID: 107083897
Dept No.: 20230080055294

C-110
Unit-II

Orthopedics

बरोपि पंजीकृत सं/O.P.D. Regn. No.

Megha Singh

रोगी का नाम

Wed Fri (वर्षा मुक्ति)

27/12/2023

Queue: F31

उम्र
Age

पता/Address

MSD/102230

Agra

101 SAHNDI (एनएचपी)

Add: ULTRAHAND, INDIA

Mob: 9410304377 Follow Us Patients: Google



Registration: 08.36.39

निदान/Diagnosis

PNET-(R) prox Humerus

दिनांक/Date

उपचार/Treatment

R-no-13
Dr. Nishikant
help

(MRI) - 20/12/23

4 cycles - Chemo
last (13-15 Dec)

(Dr. Sameer Bakshi
Sir)

Dr. Venkatesh Sir

plan - Nail/ement spacer
WRT

counselled about loss of
adduction at (R) shoulder after
surgery.

4 units blood
donation - done

डॉ. नितीश जगदीश ज्योति
Dr. NITISH JAGDISH JYOTI
वरिष्ठ फेलो/ Senior Resident
अस्थि रोग विभाग / Deptt. of Orthopaedics
ए.आई.एम.एस. नई दिल्ली / A.I.I.M.S. New Delhi-110026

(MSD) - (B102) - estimate
- k-nail, Bone cement
spacers



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in