



Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi



CKID-
8173!



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book



Name : Shizun

UHID : 107869678

Diagnosis: B (Ake) HR

MANAV SEWANGO

H/O Agusvecha

Shivan

107069678

3y/m

Ht -> 91

13 kg

BSA -> 0.6m²

High risk
PPR, High risk cytogenetics, CNS disease, No CR after induction
Week 1-5

Day	Prednisolone 60mg/sqm PO 3 DD	VCR 1.5mg/sqm Slow IV push	L asparaginase 10,000units/sqm IM	DNR 25mg/sqm IV infusion(1hr)	ITM (age appr)
1	21/10/23				
2					
3					
4					
5					
6					
7					
8	28/10				
9					
10					
11					
12					
13					
14					
15	04/11				
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29	tapering				
30	tapering				
31	tapering				
32	tapering				
33	tapering				
34	tapering				
35	tapering				

Max dose of prednisolone is 120 mg/day

KChow (M)

DS/DS -> 36%

guc - 140%

Pediatric Oncology, Department of Pediatrics, AIIMS, New Delhi

OSF -> (M)

Jippr

FISH
creg

Shizan

107069678

BSA-
0.62

Ht → 98cm
wt → 14kg

Preparatory maintenance

Days 25-27 (1-56 days)

Eligibility: ANC > 750, Platelets > 1,00,000/cumm, no evidence of infection/mucositis/diarrhea
normal renal function must be normal.

Prior to starting each subsequent pulse of high dose MTx, ANC > 500/cumm and
platelet > 50,000/cumm

Day	GMF 25mg/sqm(PO)	Methotrexate 3gm/sqm IV	Folinic acid 15mg/sqm	MTx (age appr)
1.	✓			✓
2.	✓	19/3/24	42,48,54 hrs	20/3/24
3.	✓			
4.	✓			
5.	✓			
6.	✓			
7.	✓			
8.	✓			
9.	✓			
10.	✓			
11.	✓			
12.	✓			
13.	✓			
14.	✓			
15.	✓			
16.	✓		42,48,54 hrs	
17.	✓			
18.	✓			
19.	✓			
20.	✓			
21.	✓			
22.	✓			
23.	✓			
24.	✓			
25.	✓			
26.	✓			
27.	✓			
28.	✓			
29.	✓			
30.	✓		42,48,54 hrs	
31.	✓			
32.	✓			
33.	✓			
34.	✓			

MANAV SEWA NGO

42					
43					5/2/24
44					
45					5/2/24
46					7/2/24
47					
48					
49					15/2/24
50					10/2/24
51					
52					15/2/24
53					15/2/24
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					26/2/24

Note: BMA and MRD assessment to be repeated if high risk due to MRD positivity after end of induction.

- Prophylactic G CSF (in MRD negative Patients) from day 13 and day 41 onwards for max of 7 days or till counts recovery, whichever is early

MANAV SEWA NGO
DRAFT PEDIATRIC ONCOLOGY

Wt. 13kg
 B.S.A. = 0.57M²

HR Consolidation
 Week 6-14 (63 days)

Eligibility

BM remission, ANC > 750/cumm, platelet count > 75,000/cumm

Day	Cyclophos 1000mg/sqm, 30 mts	Cytarabine 75mg/sqm IVpush	6-MP 60 mg/sqm PO	ITM (age appr)	VCR 1.5mg/sqm	L asparaginase 10000units/ sqm IM
1.	10-11/11		✓	10-11/11		
2.		Given	✓			
3.		10-11/11	✓			
4.		10-11/11	✓			
5.		10-11/11	✓			
6.			✓			
7.			✓			
8.			✓	10-11/11		
9.		10-11/11	✓			
10.		10-11/11	✓			
11.		10-11/11	✓			
12.		10-11/11	✓			
13.			✓			
14.			✓			
15.			✓			
16.			✓			
17.			✓			
18.			✓			
19.			✓			
20.			✓			
21.			✓			
22.			✓			
23.			✓			
24.			✓			
25.			✓			
26.			✓			
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28.			✓			
29.			✓			
30.			✓			
31.			✓			
32.			✓			
33.			✓			
34.			✓			
35.			✓			
36.			✓			
37.			✓			
38.			✓			
39.			✓			
40.			✓			
41.			✓			

MANAN SEWANGO
 DRAFT PEDIATRIC ONCOLOGY

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली - ११००२९
Ansari Nagar New Delhi - 110029

MLC / NON - MLC

UHID No. 107069678

ADMISSION SLIP

Dated

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss. Sligaw
Age 44 Sex Male in ward PUL Under Unit III
and Senior Resident of the Unit whose Provisional
diagnosis is B-ALL / HDMD / X (in block letters)

C. A. O./ Hosp. Enquiry
Code No.



Dr. Rachna Sethi
Professor
Department of Pediatrics
New Delhi-110029

Signature & Stamp of the Admitting Medical Officer

Name of the Admitting M.O. Dr. Rachna Sethi

Designation of Admitting M.O. Professor

Please provide an early date

Please advise patient/ attendant to fill the details on the back of slip.

30/3/24

CBC
Wt/RFTs Report
accepted

stop septran

Axis: B-AU/HR/IM/
1st course of HD MTX on 19/3/24

Due for 2nd course HD MTX.

Adv:.

Arrange chemotherapy

CSF - occasional
degenerated cells.

Inj. Methotrexate 1.8 gm.
(500/5) - 4 vials.

Inj. leucovorin (50mg) - 2 vial

Inj. Methotrexate (15mg/ml) -
1 vial.

STOP Sepran.

- CBC/FT/LFT - Smart lab.

if ANC > 750
Ret > 1 l.

↓

Come for admission
on 03/04/24

Shrin



3/4/24

- 24. Betadine gargle
- Sitz bath
- w/H sepran
- No fresh complaints



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UID: 10709678 Sex: Male
 Patient Name: Mr SHUZAAN SALMANI Sample Received Date: 30-Mar-2024 15:21 PM
 Age: 3Y 5m Department: Paediatrics
 Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
 Reg Date: 30-Mar-2024 15:21 PM Sample Collection Date: 30-Mar-2024 15:06 PM
 Recommended By: Dr. N. K. KABRA Lab Reference No: 2413781449

Sample Details: LH3003241447

Sample Type: Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UNIT	Reference
HB (Hb photometry)	10.00 ✓	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	32.90	%	34 - 40
RBC count (Impedance)	3.32	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	6.87 ✓	10 ³ /μL	5.0 - 15.0
Platelet count (Impedance)	131.00 ✓	10 ³ /μL	200 - 490
MCV (calculated)	99.10	fL	75 - 87
MCH (calculated)	30.10	pg	24 - 30
MCHC (Calculated)	30.40	g/dL	
RDW-CV (calculated)	14.70	%	11.6 - 14
Neutro (Fluo. flow cytometry)	35.90	%	30-60%
Lympho (Fluo. flow cytometry)	49.30	%	29-65%
Eosino (Fluo. flow cytometry)	9.60	%	1-4%
Mono (Fluo. flow cytometry)	5.10	%	2-10%
Baso (Fluo. flow cytometry)	0.10	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	2.46 ✓	10 ³ /μL	1.5-8.0
Lympho - Abs (Calculated)	3.39	10 ³ /μL	6.0-9.0
Eosino - Abs (Calculated)	0.66	10 ³ /μL	0.1 - 1.0
Mono - Abs (Calculated)	0.35	10 ³ /μL	0.2 - 1.0
Baso - Abs (Calculated)	0.01	10 ³ /μL	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Tushar Sehgal DM
(Hematopathology)
30-Mar-2024 18:38

Q/S: - Multicropular rash over back & front of upper trunk
+ w/itchy scratch marks.

Chest: - B/L A/E equal.
fine creps & wheeze in B/L basal region

CVS: - (N) S1, S2 heard
No murmur.

METHOTREXATE
INDUCED ALLERGIC
RASH

P/A: - Soft, NT
No DM

Actv: -

O - Syp Acligna (30/5) 5ml Po
BD x 7d

CNS: - WNL

- Atarax (10mg) $\frac{1}{2}$ tab Po QID x 7 days
- Paraset Lotion for LA QID
- Lactocalamine Lotion for LA QID

- a. GMP, Septtran to continue
- Sit bath / Betadine gargle to Cord.
 - N/V = CBC/RFT/URC on 30/03/24

Shirani

CSF - 2118124 - Lymphomonuclear cells.

1st dose on 19/3/24

3/4/24

B-AU / HR / IM / Due for 2nd dose mtx on 2/4/24

No fresh Complaints

O/E : vitals - stable

B/L AECJ, NVBS

No added sounds.

20/3/24 :

10 $\left\{ \begin{array}{l} 6.70 \\ 35/49/9.1 \end{array} \right.$ $\left[\begin{array}{l} 1.31 \\ \text{ANC} - 2460 \end{array} \right]$

Ht - 98cm

wt - 14kg

BSA - 0.61m²

Advice :

1. Continue 6-MP (50mg) dissolve in 10ml and give 3ml PO OD.

2. IV DNS (1:100 KCl) + (5:100 NaHCO₃) @ 75ml/hr for 6hrs

Urine pH \rightarrow 16 > 7
start

3. Ij: Methotrexate 200mg in 100ml NS IV over 30min
+16

Ij: Methotrexate 1650mg in 500ml NS IV over 23.5 hrs.

IV hydration to continue throughout

4. Dig-leucovorin 9mg in 100ml NS over 3hr at 42, 48, and 54 hrs.

5. Urine input, output monitoring

6. Serum Mtx levels @ 24hrs & 48hrs.

 *Aishika*
DE RISHIKA FOTHARAJU
Junior Resident
Department of Pediatrics
AIIMS, NEW DELHI-110029

MANAV SEWA NGO

Patient Details

Name : Shikhar

CPAA

Age / Gender : 29/17

Father's Name : Vaseem

Address : BJDOS

Contact No : 9814927247

POC / PCSC No.: 289/23

Diagnosis: AHE

Remarks : --

- Counselling done -
- Beradiene gargle 2x
 - Hot bath
 - Personal hygiene
 - Hand washing
 - Hand soap given
 - Danger signs explained
 - Helpline no. given
 - Accommodation - HQO.

Diagnostic Work UP & Risk Stratification

PB Flowcytometry - 50% CD45 dim blast +ve for
CD34, CD13, CD79a, CD88, CD58, CD10, CD123 and
CD22 - BALL

Cytogenetics/Karyotyping

2D-ECHO - (N)

Dg PS - 36% 14010 the PPR

Dg CSF - (N)

EOI MRD - Negative

FISH (Meg)
Sample +ve for
trisomy of chro-
some 4 & 10

Rebo (M)

MANAV SEWANGO



Name of treatment protocol
ICICLE-14

Consultations

POC file made.

- B-ALL (HR) i/v/o
Azunmedie
Drug
Intelle.

- CXR.

- 2D-ECHO.

- ~~T-PREDNI~~
Syp OMNACORTIL
15mg/5ml.

6ml po q12H

Syp SEPTAN
40mg

5ml po q12H
[SAT/SUN]

- T-ALLOPURINOL
100mg
1/2 TAB po q12H.

- N/V on 25/10/23
= CBC / LFT / KFT

in MCH-DC

- Blood
donation needed
re-emphasised

- Accomodation

MANAV SEWA NGO



from canteens.

Inj. VCR 0.9 mg slow IV push. 22/10/23
Inj. ...

30/10/2023

- Inj Emset 2mg IV push
- Inj Desca 2mg IV push
- Inj DNR 15 mg in 100ml NS over 1hr.

30/10

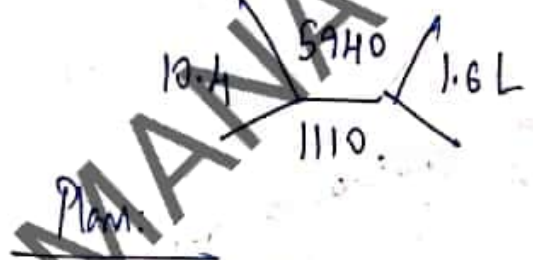
CBC
WTRF/30/10/23
1/11/23

missed one leucase
ps
cf } report

B-ALL HR on induction

child well.

Vomiting post DNR - Now resolving.



Plan:

→ 1/11/23
→ 4/11/23

1. Inj. LUNASE 6,000 iu deep im on 4/11/23.
2. Continue Septan, Prednisolone
3. N/r in OPD on 4/11/23 E CBC, RFT, LFT

no
semisolid
stool &
vomiting

Syp Emset (2mg/5ml) 6ml p/o TDS x 3 days.
Syp. Zinc (20mg/5ml) 5ml p/o OD x 14 days
ORS adlib

Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-10988



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

अस्पताल की आन्तर भूमि पर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

उपचार के लिए

उपचार के लिए

UHID: 107069678
Dept No: 202300022004

Ward / Room

C-210

Paediatric

बुध रोगी

Ward Sat

27/12/2023

Queue: F30



Reporting: 10.34.07

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

आयु Age	पता/Address

SHIZAAN SALMANI

S/O VASEEM AHMAD

31/24/250 (N/379)

Add: VILL. JAHANABAD BLK. BHATWALI, BUNDR LITTAH

PRACEESH P.H.C. INDIA

Map: 2811927247 Follow Up Patient: General: D

रिपोर्ट/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>57</p> <p>14/1/24</p>	<p>N/R on 31/12/24 E CBC</p>
<p>48</p> <p>14.1.24</p>	<p>N/R on 13/1/24. E CBC.</p>

उपचार के लिए

UHID: 107069678
Dept No.: 20230030029099

Ward / Room

C-210

Unbld

Paediatric

बुध रोगी

Ward Sat

03/01/2024

Queue: F31



Reporting: 10.20.31

SHIZAAN SALMANI

S/O VASEEM AHMAD

31/24/250 (N/379)

Add: VILL. JAHANABAD BLK. BHATWALI, BUNDR LITTAH

PRACEESH P.H.C. INDIA

Map: 2811927247 Follow Up Patient: General: D



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)



merzaspatal.in

एन सिविल सिता



UHID: 107088678
Dept No: 20230030029099

SHAZAN SALMANI

SOUJISEEM AHMAD

11/34/301/140298
Add: H-11, JAWAHAR NAGAR, BHUKAR, UTTAR
PRADESH-201304
Mob: 9811212477 Follow Up Patient - General - 0

कमरेट / Room

C-210
Unit-10

Paediatric

बुधवार

Wed Sat
10/01/2024

Queue: F10



Receiving: 09/01/24

14 kg (38)

NIV on 15/1/24 ~ CBC / RFT / LFT
@ 2PM Shivani

एन सिविल सिता



UHID: 107088678
Dept No: 20230030029099

SHAZAN SALMANI

SOUJISEEM AHMAD

11/34/301/140298
Add: H-11, JAWAHAR NAGAR, BHUKAR, UTTAR
PRADESH-201304
Mob: 9811212477 Follow Up Patient - General - 0

कमरेट / Room

C-210
Unit-10

Paediatric

बुधवार

Wed Sat
17/01/2024

Queue: F20



Receiving: 09/01/24

35

14.45

MANAV SEWA NGO

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Initial all orders Cancel by crossing through and initaling Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यु.एच.आई.डी. नं. UHID No.
सर्विस/Service	वार्ड/Ward	बेड/Bed	व्यवसाय/Occupation	धर्म/Religion
Date Order	Date Cancelation	Doctor's orders with signature		The sister's signature with date

MANAV SEWA NGO

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-११००२९

प्राइवेट वार्ड हेतु दाखिला पर्ची

127069678

A-586182-44

प्राइवेट वार्ड/प्राइवेट वार्ड-III में कक्ष संको दिनांक सेविभाग में डॉ.
के अंतर्गत उपचाररत श्री/सुश्रीको आर्बिट किया जाता है (सायं 6 बजे तक मान्य)।

कृपया रु. की अग्रिम राशि को नगद/डेबीट/क्रेडिट कार्ड/बैंक ड्राफ्ट के द्वारा निदेशक, एम्स के
नाम से पर्ची कार्यालय (नए प्राइवेट वार्ड के निकट)/प्राइवेट वार्ड-III में कैशियर महोदय के पास जमा कर के दाखिला पर्ची प्राप्त कर लें।

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029
ADMISSION SLIP FOR PRIVATE WARDS**

Room No. 205 (Npw)-11 in Pvt. Ward/Pvt. Ward-II has been allotted to Mr./Ms. Shizah
under Dr. Kachar Seth in Deptt. of Paed-III w.e.f. 4/1/2024 (Valid upto 6.00 P.M.)

Please deposit an advance of Rs. 33000/66000/NIL through Cash/Debit/Credit Card/Bank Draft in-favour
of Director, AIIMS, with the Cashier in Central Admission Office (Near New Pvt. Ward Block)/Pvt. Ward-III and
get the admission paper made.

प्रभारी अधिकारी / Officer Incharge
प्राइवेट वार्ड / Private Wards
AIIMS, Hospital

उपस्थापक
UHID: 107069678
Dept. No.: 2023030028066

BALMANI

Y AHMAD
SHARAD BIA ANAMALI BIJOR UTTAR
37247 Fellow Up Patient General 0

कक्ष / Room
C-210
Unit: B

Paediatric

बुध, शनि,
Wed, Sat
28/02/2024
Queue: F23



Reporting 09:34:13

R/V 6/3/24

Signature
Dr. Kachar Seth
Paediatric
AIIMS, Hospital



भारत सरकार
Government of India



Download Date: 28/10/2021



शिजान सलमानी
Shizaan Salmani
जन्म तिथि/DOB: 27/01/2020
पुरुष/ MALE

Issue Date: 12/10/2021

आधार
बाल आधार

यह आधार 5 वर्ष की उम्र तक ही वैध है

4777 3286 3907

VID : 9176 0751 7404 1466

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: वसीम अहमद, गांव जहानाबाद, जहानाबाद बिला
अहमाली, बिजनौर,
उत्तर प्रदेश - 246701

Address:

C/O: Vaseem Ahmad, Village Jahanabad,
Jahanabad Bila Ahatmali, Bijnor,
Uttar Pradesh - 246701



4777 3286 3907

VID : 9176 0751 7404 1466



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



वसीम अहमद
Vaseem Ahamad
जन्म तिथि/DOB: 01/07/1983
पुरुष/ MALE

Download Date: 31/03/2021

Issue Date: 04/03/2021

2036 0751 4710

VID : 9188 7305 2659 3315

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:

C/O: मतलूब अहमद, विलेज जहानाबाद, पोस्ट दारानगर
गंज, बिज्नोर, बिज्नोर,
उत्तर प्रदेश - 246701

Address:

C/O: Matloob Ahamad, Village Jahanabad,
Post Daranagar Ganj, Bijnor, Bijnor,
Uttar Pradesh - 246701



2036 0751 4710

VID : 9188 7305 2659 3315



1947



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TAX INVOICE

SOUTHDELHI MEDICUS ORIGINAL

SHOP NO 37 S, SAFDARJUNG HOSP. GATE, OPP. AIIMS AURUBINDO MARG, NEW DELHI- 110016

GST No: 07AERP61033Q1Z6

Ph. 26164570,08447806754,09910912619

FSSAI NO :13319008000361

D.L.No.: 20(117276),208(117277),21(117278),218(117279)

BILL NO. 2093

DATE : 04/04/2024

NAME: MANAV SEWA HEALTH

Pr. By: Dr. .AIIMS

ADDRESS: AND EDUCATION TRUST

Sr.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	GSTZ	RATE	AMOUNT
1.	6	500ML	BNS 0.45% 500MG(6)	6230043	12/24	30049099	12	200.01	1200.06

MANAV SEWA NGO

INCL. GST

1071.48 X 12 % = 128.58 ,

CGST : 64.29

SGST : 64.29

Net Amt.: 1200.0

Paid Amt.(R/O): 1200.0

All disputes are subject to Delhi Jurisdiction.

For SOUTHDELHI MEDICUS

Goods once sold will not be taken back.

(RETURNIG TIME - 2 PM TO 5 PM) NO RETURNING OF CUTTING STRIPS

E.& D.E. (Computer Generated Invoice)

GST INVOICE

D.L No.: (20,20B,21,21B) 126103/04/05/06

GSTIN : 07ABEPN2637H1ZP

+ Safdarjung Medicos +

**CREDIT CARD
ACCEPTED**

Shop No. 5, Near Metro Station, Safdarjung Hospital
Gate No. 2, New Delhi-29 (Opp. AIIMS Entrance Gate)
For Enquiry No. : 26192644 • Whatsapp & Order No.: 9269261414
MEDICINES, SURGICAL & COSMETICS ANTI CANCER DRUGS

**ALL DAYS
OPEN**

* In case you find any inadvertent error in the price charged.
Please bring this cash memo for refund of difference.

QTY.	PARTICULARS	BATCH No.	EXP. DT.	GST	AMOUNT
1	SHILSTINE 50 MG INJ	LC1B23A06B	01/25	5.0	300.00
1	SODIUM BICARB. INJ 10ML	449	11/25	12.0	56.00
1	POTASSIUM-CHL-10ML INJ.	404	09/25	12.0	133.80
1	I.V.SET (POLYMED)	4135422H	07/27	12.0	200.00
1	SYRINGE+NEEDLE 10ML/DISE	349101JD1	11/28	12.0	40.00
1	DEXTR0SE-25%/100ML INJ.	P221515	11/28	12.0	127.68

MANAV SEWA NGO

WHATSAPP: 9269261414

Returning Time 02.00 P.M. 04.00 P.M. Only

BILL NO.:	3637	DATE:	04/04/24	Total	857.48
PATIENT Ms/Mr.:	MANAV SEWA HEALTH &		SGST	36.69	
ADDRESS:	EDUCATION TRUST		CGST	36.69	
Pres. by Dr.:	AIIMS	Sign.		0.87 %	7.46
				Grand Total	850.00

- 1. Cutting strip will not be taken back.
- 2. No Return No Exchange.
- 3. All disputes subject to Delhi Jurisdiction.
- 4. Home Delivery also available.

E&OE

OM SAI RAM

D.L. No.: 20 (117588), 21 (117589)

GST INVOICE

GSTIN : 07AAAFP4287A1Z1

7 DAYS OPEN
24 HOURS

+ PIONEER MEDICOS +

7 DAYS OPEN
24 HOURS

CREDIT CARD
ACCEPTED

CHEMISTS & DRUGGIST

Shop No. 8/52, Gate No-2, Safdarjung Hospital, OPP. AIIMS,
New Delhi - 110029 • Email ID: pioneermedicos2023@gmail.com

FREE HOME
DELIVERY

8744044043

* In case you find any inadvertent error in the price charged.
Please bring this Retail Invoice for refund of difference.

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	GST%	AMOUNT
3	TERADERM DRES-1623W-6#7CM3005	R17220909	11/25	12.00	300.00
15	SODAC INJ 25 ML 3004	UNI071682	01/25	12.00	562.50
10	POTASSIUM-CHL-10ML INJ. 3004	394	06/25	12.00	267.60
1	FORWILL'S HAND CLEANER 1003004	HCF0016	07/25	18.00	50.00

MANAV SEWA NGO

WHATSAPP NO- 8744044043

AZHA

1,180.10

BILL NO. :

DATE :

Total

62.71

PATIENT Ms/Mr SHIZAN

MANAV SEWA HEALTH & EDUCATION TRUST

CGST

ADDRESS :

62.71

SGST

Pres. by Dr. : RACHNA SINGH

Sign.

Grand Total

1. No Return, No Exchange

2. All Disputes are subject to DELHI Jurisdiction only.

1,150.00

For PIONEER MEDIC

7 DAYS OPEN
24 HOURS

+ PIONEER MEDICOS +

7 DAYS OPEN
24 HOURS

CREDIT CARD
ACCEPTED

CHEMISTS & DRUGGIST

FREE HOME
DELIVERY

Shop No. S/52, Gate No-2, Safdarjung Hospital, OPP. AIIMS,
New Delhi - 110029 • Email ID: pioneermedicos2023@gmail.com

8744044043

* In case you find any inadvertent error in the price charged,
Please bring this Retail Invoice for refund of difference.

QTY	PARTICULARS	BATCH NO.	EXP. DT.	GST%	AMOUNT
14	DNS-0.45% INJ GLASS	5021	08/25	12.00	2520.00
14	MIXEATE 500MG INJ	0000	07/25	0.00	2000.00
6	EMESET-2ML/2MG INJ.	3004	12/26	12.00	80.10
3	I.V. SET.	9018	07/28	12.00	300.00
5	PEDIADRIP-SET.	9018	08/25	12.00	900.00
2	SYRINGE W/D NEE 50 ML ROM3004	E230520896	11/28	12.00	80.00
5	PK-D-LINE 150CM(ROMSONS)	9018	11/28	12.00	1000.00
3	SODIUM-CHLORIDE 100ML(G)	3004	06/25	12.00	73.38
10	SYRINGE+NEEDLE-10 ML ROM3004	9018	03/29	12.00	100.00
5	SYRINGE+NEEDLE-5 ML ROM3004	3004	10/28	12.00	50.00
5	SYRINGE 20 ML ROM3004	9018	10/28	12.00	125.00
14	THROMBOLYTIC-MEDI.	9018	03/28	12.00	240.00
2	INTR. BATH 246	9018	11/25	12.00	200.00
1	INTR. BATH 246	9018	07/25	12.00	100.00

WHATSAPP NO- 8744044043

AZHAR AGGAR

BILL NO. : 03050

DATE : 01/05/2024

Total

7,768.48

PATIENT NAME: SHIZAN

308.30

ADDRESS: MANAV SEWA HEALTH & EDUCATION TRUST

CGST

SGST

Pres. by Dr. : RACHNA SINGH

Sign.

Grand Total

7,750.00

FOR PIONEER MEDICOS

1. No Return, No Exchange

2. All Disputes are subject to DELHI Jurisdiction only.

Printed By: CONTINENTAL FORMS (P) LTD. Ph: 9811944392, info@continentalforms.in

E.&O.E.

• 20. KCl 10M

- 20. NaHCO_3 2.5M

MANAV SEWA NGO

10 + 5

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :- Shizaan Salmani

UHID No. prt.w-11/324
O.P.D./Ward 308

Rx. 31-05-24

- IVF N/2 5x-D 500ml ————— (5) + (5)
- Ins. methotrexate 2gm
500mg ————— (5) + (4)
- Ins. Embut 4mg ————— (6)
- IV Set ————— (3)
- Pedia Set ————— (3) + (2)
- Syringe 50cc ————— (2)
- Pmo line ————— (2) + (3)
- NS 100 ml ————— (3)
- Syringe 10cc ————— (10)
- 5cc ————— (5)
- 3way ————— (2) + (1)
- Cannula 24 G ————— (2)
- Tegaderm ————— (2)

P.T.O. :-

- Tj. Emset 4mg ———— ~~(5)~~ (2)

- PH Strip ———— (1)

- ~~male urinal~~ ———— ~~(1)~~

- Tj. ketamine ———— (1)

- Tj. ^{modi} ———— (1)

- IV cannula 24 G ———— ~~(2)~~ (1)

Tegadem ———— ~~(2)~~ (1)

MANAV SEWA NGO



अ० मा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :- Mr. Shizaan Sulmani

UHID No. Pvt W-III/3rd floor

O.P.D./Ward 308

Rx. 30-05-24.

N/2 S 7-D 500 ml (Baxter) ~~5~~ (3)

NS 100 ml " ~~5~~ (3)

• ~~5~~ KCl ~~5~~ (3)

• ~~5~~ NaHCO₃ 25 ml ~~5~~ (3)

• Ped ~~5~~ (1)

• Syringe 50 cc ~~5~~ (1)

10 cc ~~5~~

20 cc ~~5~~ (2)

5 cc ~~5~~

~~5~~ 2cc ~~5~~

• pmo line ~~5~~ (1)

• FU Set ~~5~~ (1)

• needle 16G ~~5~~ (3)

• 3 way ~~5~~ (1)

MANAV SEWA NGO

HELP LINE PHARMACY
CHEMIST & DRUGGIST

GST INVOICE / CASH MEMO

SHOP NO.-1, G.F. 130/4A GAUTAM NAGAR
NEW DELHI-110049
Phone : 8010314106, 9970319932, 9311596620
UST

Invoice No. : A001907
Invoice Date : 30-05-2024
Patient Name : SHIZOON SALMANI
Patient Address : MANAV SEWA HEALTH & EDUCATION TR

D.L.No. : RLF20DL2023002075, RLF21DL2023002063
GSTIN : 07AAADFH639A1Z1

Dr. Name :
Dr. Reg No. :

QUANTITY	PACK	DESCRIPTION	M.R.P.	Batch	EXP	GST%	RATE	DISC	AMOUNT
3	1X100	NS 100ML GLASS	24.44	31D027	1/26	12.00	22.00	0.00	66.00
3	1X1FC	POTASSIUM COLURET/PASSIUM	26.00	PC-306	8/25	12.00	15.00	0.00	45.00
1	1X1PC	PEDIA DRIP SET	286.00	G2480207	1/29	12.00	70.00	0.00	70.00
1	1X1PC	DISPOVAN-50ML	55.50	41050343	2/29	12.00	22.00	0.00	22.00
1	1X1PC	FM-O-LINE 200CM	243.00	F2160116	12/28	12.00	70.00	0.00	70.00
1	1	IV SET	190.00	G2310205	11/28	12.00	50.00	0.00	50.00
3	1	NEEDLE 16G	4.00	38334F	8/28	12.00	2.00	0.00	6.00
1	1X1	3 WAY STOP COCK	165.00	G2308108	11/28	12.00	50.00	0.00	50.00
2	1X1PC	EMESET 2ML D43	13.25	L650252	10/26	12.00	11.00	0.00	22.00
1	1X1PC	P.H PAPER	54.70	W		18.00	40.00	0.00	40.00
1	1X1PC	URET 1ML	32.90	I21730	7/25	12.00	25.00	0.00	25.00
1	1X1PC	DEGLOSED 10 ML	66.10	B09137	9/25	12.00	50.00	0.00	50.00
1	1X1PC	INTRA CATH 24G	194.00	G2308107	7/26	12.00	50.00	0.00	50.00
1	1X1	TEGADERM 1623	113.00	R0923090	8/26	12.00	50.00	0.00	50.00
3	1X1PC	NS 0.45	239.03			12.00	50.00	0.00	300.00
3	1X1PC	SODIUM BICR 25ML	33.00	ST-233	5/25	12.00	3.00	0.00	75.00

Continue Page

ORIGINAL

MANAV SEWA NGO

HELP LINE PHARMACY
CHEMIST & DRUGGIST

GST INVOICE / CASH MEMO

SHOP NO.-1, G.F. 130/4A GAUTAM NAGAR
NEW DELHI-110049
Phone : 8010314106, 9970319932, 9311596620
UST

Invoice No. : A001907
Invoice Date : 30-05-2024
Patient Name : SHIZOON SALMANI
Patient Address : MANAV SEWA HEALTH & EDUCATION TR

D.L.No. : RLF20DL2023002075, RLF21DL2023002063
GSTIN : 07AAADFH639A1Z1

Dr. Name :
Dr. Reg No. :

QUANTITY	PACK	DESCRIPTION	M.R.P.	Batch	EXP	GST%	RATE	DISC	AMOUNT
2	1X1PC	DISPOVAN-20ML	31.00	41020106	2/29	12.00	12.00	0.00	24.00



WE GET WELL SOON !!
By the amount Fifteen Only

PLEASE PAY: 1015.00

Exp. No. / Cycle

[Signature]



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029
 फेसशीट (भर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



FULL Receipt No.: ACCOUNTS-18-39949/202425 AMT. RS. 33000

Private Admissions

कै.पं.सं.
C.R. No.

NON-MLC
वाड़े/विस्तर सं.
WARD / BED NO.

दिनांक
DATE

नाम/NAME: H-611083-24 Private Ward -III
(Third Floor)/308 आयु/AGE: 30/05/2024 लिंग/SEX: 11:57 am
 पिता/पति का नाम / FATHER / HUSBAND NAME: MR SHIZAAN SALMANI राष्ट्रीयता/NATIONALITY:
 धर्म/RELIGION: 3 Y 7 M 19 D M
 माता का नाम/MOTHER NAME: S/O VASEEM AHMAD वैवाहिक स्थिति/MARITAL STATUS:
 व्यवसाय/OCCUPATION: क.सा.सं./सी.सी.एच.ए.सं./EHS NO./CGHS NO. Muslim
 स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS: संपर्क सं./CONTACT NO.: Single
 आधार सं./AADHAR NO.:
 स्थायी पता/PERMANENT ADDRESS: राज्य/STATE: 9811927247 पिन/PIN:

विभाग का विवरण/DEPARTMENT DETAILS

VILL JAHANABAD BILAL AHATMALI,
BIJNOR

यूनिट अध्यक्ष/UNIT HEAD:

परामर्शदाता/CONSULTANT:

ओ.पी.डी./आपात सं./OPD/ CASUALTY NO.:

ड्यूटी पर तैनात कै.पं.सं. स्टाफ का नाम NAME OF CAO STAFF ON DUTY:
Paediatrics

यूनिट/UNIT: null INDIA

भर्ती की तिथि:/DATE OF ADMISSION:

छुट्टी की तिथि:/DATE OF DISCHARGE:

पेईंग रोगी
PAYING PATIENT

ड्यूटी पर तैनात कै.पं.सं. स्टाफ के हस्ताक्षर
SIGN. OF CAO STAFF ON DUTY:

निदान एवं अन्य/DIAGNOSIS & OTHERS

अस्थायी निदान/PROVISIONAL DIAGNOSIS:

टिप्पणी/REMARKS:

अंतिम निदान/FINAL DIAGNOSIS:

द्वितीयक निदान एवं जटिलताएं
SECONDARY DIAGNOSIS & COMPLICATIONS:

मृत्यु का कारण/CAUSE OF DEATH:

UHID No. 107069678



सर्वेदनाहरण/ANAESTHESIA:

ऑपरेटिव प्रक्रियाएं/OPERATIVE PROCEDURES:
KUMARMRD

कोड सं./CODE NO.:

पिछली कै.पं.सं./PREV. C. R. NO.:

दिनांक/DATE:

CAC/Mr.ANIL

शव परीक्षा: हां/नहीं
AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/लामा/फरार/गंभीर/मृत्यु होना।
 RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर
NAME & SIGN. OF SR. RESIDENT:

परामर्शदाता के हस्ताक्षर
SIGN. OF CONSULTANT

30-05-2024, 11:



नकदी रसीद / CASH RECEIPT
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

दूरभाष / 26588500
Phones / 26588700

Dep. No: 20230030029699
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

रसीद संख्या / Receipt No.:

दिनांक / Dated :

जमाकर्ता / Received From:

रोगी प्रकार / Patient Type :

30/05/2024
ओ.पी.डी. / ऑनलाइन आर.डी. / OPD / UHID No.:

कक्ष संख्या / Room No. :

के नाम / Receipts ON ACCOUNT OF

MR SHIZAAN SALMANI

107069678 (OPD)



Room No.S/O VASEEM AHMAD VILL JAHANABAD BILA, AHATMALLI, BLJNOR , 308 Private -B

SI No.	Service Name	Amount
1	ADVANCE TOWNG ADMISSION FOR PRIVATE B WITH DIET	33000.00

Printed on 30 May 2024 11:58:23 AM

MANAV SEWA NGO

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

Demand Draft DD No :269598, Bank :Kotak Bank, Date :07/05/2024_br_

33000.00(Including 0.0% GST on room rent only) इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

Rupees Thirty Three Thousand Only

MR ANIL KUMAR MRDBILLING

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-११००२६

H- 6110 83-24

प्राइवेट वार्ड हेतु दाखिला पर्ची

10706967

प्राइवेट वार्ड/प्राइवेट वार्ड-III में कक्ष सं.को दिनांक सेविभाग में डॉ.
.....के अंतर्गत उपचाररत श्री/सुश्रीको आबंटित किया जाता है (सायं 6 बजे तक मान्य)।

कृपया रु. की अग्रिम राशि को नगद/डेबीट/क्रेडिट कार्ड/बैंक ड्राफ्ट के द्वारा निदेशक, एम्स के नाम से भर्ती कार्यालय (नए प्राइवेट वार्ड के निकट)/प्राइवेट वार्ड-III में कैशियर महोदय के पास जमा कर के दाखिला पर्ची प्राप्त कर लें।

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ANSARI NAGAR, NEW DELHI-110029

ADMISSION SLIP FOR PRIVATE WARDS

Room No. 308 in Pvt. Ward/Pvt. Ward-III has been allotted to Mr./Ms. Shizah
under Dr. Anil K. Mehta in Deptt. of Paed-III w.e.f. 30/5/2024 (Valid upto 6.00 P.M.)

Please deposit an advance of Rs. 33000/60000 NIL though Cash/Debit/Credit Card/Bank Draft in favour of Director, AIIMS. with the Cashier in Central Admission Office (Near New Pvt. Ward Block)/Pvt. Ward-III and get the admission paper made.

प्रभारी अधिकारी / Officer Incharge

प्राइवेट वार्ड / Private Wards

Faculty Incharge, Private Ward
AIIMS, Hospital



नकदी रसीद / CASH RECEIPT
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष { 26588500
Phones { 26588700

Depl No: 20230030029099

रसीद संख्या / Receipt No.:

दिनांक / Dated :

जमाकर्ता / Received From:

रोगी प्रकार / Patient Type :

30/05/2024
ऑपीडी / एचएचआईसी / OPD / UHID No.:

कक्ष संख्या / Room No. :

के नाम ACCOUNT OF

MR SHIZAAN SALMANI

107069678 (OPD)



Room No.S/O VASEEM AHMAD VILL JAHANABAD BHA, ALIUT MALL, BLJNDR , 308 Private -B

SI No.	Service Name	Amount
1	ADVANCE - LONG ADMISSION FOR PRIVATE WITH DIET	33000.00

Printed on 30 May 2024 11:58:22 AM

MANAV SEWA NGO

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

Demand Draft DD No :269598, Bank :Kotak Bank, Date :07/05/2024_br_

33000.00 (Including 0.0% GST on room rent only) इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

Rupees Thirty Three Thousand Only

MR ANIL KUMAR MRDBILLING

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP