

हृदय वक्ष विज्ञान केन्द्र
अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर नई दिल्ली ११००२६



CARDIO THORACIC SCIENCES CENTRE
All India Institute of Medical Sciences
ANSARI NAGAR, NEW DELHI - 110 029
TELEPHONES : 26588500, 26588700, 26589900
FAX : 91-11-26588663, 26588641
Website : www.aiims.ac.in, www.aiims.edu
07.01.11

To

DATE :

The President
Relief India Trust
A-369, Sec.19
Noida, UP

Sub: Request for financial assistance for Sonu Kumar 14 months/M

Dear Sir/Madam,

This is the case of Sonu Kumar 14 months/M CV No 27034/10 who is suffering from Heart disease VSD requires Rs 55,000/- for VSD Closure as advised by Dr. Sachin Talwar.

This patient belongs to a very poor family and can not arrange the amount. You are therefore requested to please provide the financial assistance i.e. Rs.55,000/- as required for the treatment and saving the life of the poor as soon as possible.

Thanking you

Yours faithfully

DINESH KUMAR
Medical Social Service Officer (CTC)

Handwritten notes and stamps at the bottom of the page, including a date stamp '07.01.11' and some illegible text.

44283
29/12/10

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D
A.I.I.M.S., New Delhi-110029



दि. D	CV-27034/2010	Cardiology OPD Afternoon 2:00 PM	
दि. Date	22/12/2010	MON, WED, FRI, CTVS	उम्र Age
Di	Paid Rs. 10/- to		14Months/M
ब.से	Name SONU KUMAR		लिंग Sex
O:	Phone No. 09934793900		
	S.R. Room 11	DR. SOUMEN	
	Consultant 9	Prof. S. S. Kothari/DR. SOURABH	
	Registration Time : Old Case 8:00 AM TO 11:30 AM		

A/C/D, ↑PRF, large VSD, PAM

30

- Adv.
- Syp. Furapred 0.5ml BD
 - Sixin Elixir 0.5ml BD.

su



10/02

25/12/10
Hb 11.7 gm/l.
ECHO → large PAMVD

plan surgical closure → Attend CTUS OPD/room no 21
for surgery date su

Room no. 13/MSO
claims BPL card ⊕
pt help.

sw
03/01/11

दिनांक
Date

✓
R-9 (50)
29/12/10

~~R-9 (13)~~
29/12/10

R-9 (29)
3/1/11

R-21 (23)
5/1/11

R-21-26
7/1/11

For VSD done

sw
7/1/2011

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



बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

Tuesday - Friday
 9 AM to 5 PM
 Children 7-12

11

एक/Unit
 विभाग/Dept.

ह० रोगी सं० पंजीकृत सं०/O.P.D. Regn. No. 36567/10

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
Sonu Kr		M	14 months	

निदान/Diagnosis

दिनांक/Date	उपहार/Treatment
21 DEC 2010	<p>recurrent left vent. Inf.</p> <p>PSM @ grade II in LSA</p> <p>L2 area ACW</p> <p>? VSD large / mild CHF / Failure to thrive</p> <p>as of</p> <p>Adv</p>
	<p>PEDIATRIC CARDIOLOGY</p> <p>MON/WED / FRI 2pm -</p> <p>SEP. TUNNELL - P 2nd OP.</p> <p>SEP. VISUERAL 5th OP.</p> <p>SEP. SURICAL 5th OP.</p>
	<p>7 UNOPED 1ml OP</p> <p>(10y 1ml)</p> <p>DIXIN 0.5ml OP</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

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NERVE CENTRE



अखिल भारतीय आयुर्वि
A. I. I. M. S. Hospital
नाम
Name
एक्स-रे नम्बर
X-Ray No.
हस्पताल क्रम नं.
Hosp. C.R. No.
एक्सरे जांच के लिए अंग
Examination Required
चिकित्सक की जांच रिपोर्ट :
Clinical Information :

CV-27034/2010
Date 22/12/2010 MON.WED.FRI CTVS
Name SONU KUMAR
Phone No. 09934793900
S/O RAJU DAS
S.R. 11 DR.SOUMEN
Consultant 9 Prof. S. S. Kothari/DR.SOURABH


एक्सरे-फार्म
REQUISITION FORM
लिंग आय
Sex Income
भाग
Unit
Ambulatory/Non

BEZA/2010/0001-000217 X-RAY


44283
29/12/10

~~VSD~~ CRP PA

किसी दवा का बुरा प्रभाव
Any History of Allergy
अन्तिम माहवारी तिथि
LMP
कोई पुराने एक्स-रे
Any Previous X-Ray


चिकित्सक के हस्ताक्षर
SIGNATURE OF MEDICAL OFFICER
रेडियोग्राफर के लिए
FOR RADIOGRAPHERS USE

पहचान चिन्ह Identification Mark
अंगूठा निशान Thumb Impression

कमरा नं. Room No.	फिल्म साइज Size & No. of Films	के. वी. एम.ए.एस. KV MAS
		
हस्ताक्षर /Signature		

रिपोर्ट
REPORT

एक्स रे-चिकित्सक
RADIOLOGIST



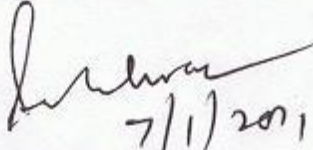
DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. CENTRE, ANSARI NAGAR, NEW DELHI - 110029

Dated : 7/1/2011

ESTIMATE CERTIFICATE

Name of Patient Mr/Ms. SONU KUMAR
Age 14/12 Sex M C.V. No. / CTVS No. 27034/10
Nature of Disease VSD
Nature of Surgery required VSD closure
Units of Blood required for operation 40
Amount required for Surgery Rs 55,000/-

The above mentioned amount must be deposited in advance by bank draft drawn in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/Govt. Undertaking beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.


7/1/2011

(Signature & Rubber Stamp of Consultant)

Dr. Sachin Talwar
Associate Professor
Deptt. of C.T.V.S.
A.I.I.M.S., Ansari Nagar,
New Delhi-110 029



RELIEF TRUST

Functional office: -A 369, Basement, Sector -19 Near Max Hospital
Noida, Gautam Bhudh Nagar.U.P. 201301. Phone No 0120 4258313,
0120 - 4307906.

Website: - www.reliefindiustrust.org.
Email - contact@reliefindiustrust.org

Ref No:-

Date:- 7 March 2011

To,

Dinesh Kumar

Medical Social Service Officer (C T C)

Cardio Thoracic Science Center

All India Institute of Medical Sciences

New Delhi: - 110029

SUBJECT: - Reference case of Master Sonu kumar M.C.V. No 27034/10

Respected Sir,

In reference to your letter dated 7th January 2011 regarding request for financial help in case of Master Sonu Kumar M.C.V. No 27034/10 who is suffering from Heart disease VSD which requires Rs 55,000/- for VSD Closure.

Relief Trust here by intent to help this poor patient by providing the entire fund of Rs 55,000 (Fifty five thousand) vide cheque no 381801 from ICICI BANK, Mayur Vihar branch new Delhi 110091.

You are requested to please accept the payment for the patient's treatment and kindly issue the utilization of the amount at the earliest.

Thanking you in anticipation.

With regards,

Uttam Kumar

(Relief Trust)

RELIEF TRUST

Authorized Signatory ...

7 March 2011

Received
Kumar
8/3/11
DINESH KUMAR
Medical Social Service Officer
Cardio Thoracic Science Centre
All India Institute of Medical Sciences
New Delhi-110029

For more info:- please contact us at contact@reliefindiustrust.org.

ATC VALUE

CBS
BUSINESS BANKING : NEW CURRENT ACCOUNT
DATE 7- March-2011
PAY AIIMS CT PATIENT'S ACCOUNT

Received
7/3/11
Dr. J.P. Singh
Director
AIIMS
New Delhi

RUPEES FIFTY FIVE THOUSAND ONLY OR ORDER
₹ 55,000/-

CABUS A/c No. 629705015319

8870
M3184
987011
60310

ICICI Bank
ICICI Bank Limited
MAYUR VIHAR Branch
C24-25, Acharya Niketan, Mayur Vihar, Phase -1,
Delhi - 110091

FOR RELIEF TRUST
RELIEF TRUST
TRUSTEE(S)
Authorised Signatory

RTGS / NEFT IFSC CODE: IC0006297

⑈ 381801⑈ 110229021⑈ 015319⑈ 11

सामान्य रसीदों हेतु चालान
CHALLAN FOR THE GENERAL RECEIPTS

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

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

3320/10-11/CTUS

दिनांक/Dated 8/3/11

खजांची कृपया श्री/डा./कु./श्री मती/सर्व श्री Relief Trust
Cashier may please receive the sum of Rs.

से हेतु रु० 55000-

(रुपये/ Rupees fifty five thousand Only) का धनराशि नकद/चैक/बैंक ड्राफ्ट
सं० द्वारा प्राप्त करें।

from Shri/Dr/Km/Smt./M/s
on account of H.S. of Mst Sonu Kumar in cash vide cheques/Bank Draft
No. 381801 dt 7/2/11

रसीद संख्या

Receipts No.

रु०

for Rs.

खजांची/सहायक खजांची

Cashier/Asstt.Cashier

1014

27034/10

अनुभाग/विभाग प्रभारी अधिकारी
Officer-in-charge Section/Deptt.

दिनांक/Dated.....



All India Institute of Medical Sciences (CTNS)
AIIMS C.T. Patient A/C

953

95291

Book No. _____

322 C-110-11

Receipt No. _____

Date 8.3.11

Received with thanks from Shri/Smt./Dr./Mr./Kumari Relief Trust

a sum of Rupees Five thousand only.

by Cash*/Cheque/DD/*IPO/Call deposit receipt No. 381801 dt 7-3-11

Rs.

on account of Dr. Manoj Kumar

Rs. 55000-00

27034/10

gk.

*Subject to encashment

Accounts Officer/F & CAO

Cashier/Asstt. Cashier

हृदय वक्ष विज्ञान केन्द्र
अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर नई दिल्ली ११००२६



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DATE :

From the Desk of MSSO(CSC)

The President
Relief India Trust
A-369, Sec.19
Noida, UP

**Sub: Acknowledging the financial aid regarding Sonu Kumar 14monts /M CV No
27034/10**

Dear Sir/Madam,

This is to express my deep thanks for your cooperation in helping the poor patient who are not able to afford the expenses of their treatment. This is in particular regarding your generous help to the above mentioned patient for Rs. 55,000/- as financial assistance for treatment. I once again thank you for your endeavor and prompt response in such cases.

Yours faithfully

(DINESH KUMAR)

Medical Social Service Officer
Cardio-Thoracic Sciences Centre



DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
A.I.I.M.S.: ANSARI NAGAR, NEW DELHI – 110029
DISCHARGE SUMMARY

CR No.	32885/11		
Body Weight:	8 KG		
Name:	SONU KUMAR	Blood Group	B POSITIVE
S/O	RAJU DAS	Age:	16 MONTH
Address:	GALI NO 20, ADHOGI CHHAT, ANAND PARWAT	C.V.No:	27034/11
		C.T.V. No:	6599
		DATE OF ADMISSION	07/04/11
State:	DELHI	DATE OF PROCEDURE	08/04/11
		DATE OF DISCHARGE	13/04/11
Phone No:	9716148638		
Diagnosis:	ACHD 1Qp, P/M VSD, NORMAL BIVENTRICULAR FUNCTION, NSR, NO CCF/IE/PE.		
CXR 07/04/11	CTR 55%, INCREASED PULMONARY VASCULAR MARKINGS, CP ANGLE CLEAR, LV TYPE APEX		
ECG 07/04/11	NSR, NORMAL AXIS, 110/MIN		
2D Echo 24/12/10 24438/10 PROF SSK	MV/AV/TV/MV-NORMAL, MOD TR Ao/LA=17/24;LVes/LVed=25/39;IVSrd/PWed=6/6;EF:55%; RA/RV/LV- ENLARGED SS,LC, NORMAL SYSTEMIC AND PULMONARY VENOUS DRAINAGE, AV-VA CONCORDANCE, NRGASINGLE MOD SIZE OUTLET VSD Δ 30-40 mm Hg; L→R,NO LVOTO/RVOTO NORMAL LV FUNCTION; NO ASD/COA/ADDNL VSD		
DATE OF SURGERY	08/04/11		
Procedure:	TRANS RA ePTFE PATCH CLOSURE OF P/M VSD		
OPERATIVE FINDINGS	STERNUM NORMAL, THYMUS+, INNOMINATE VEIN PRESENT, PERICARDIUM NORMAL, NO PE SS, LC, AV-VA CONCORDANCE; NSPVD,NO PAPVC/LSVC; NRGAS, CARDIOMEGALY+;RA/RV ENLARGED, LV ENLARGED AORTA RIGHT AND POST; PA MOD TENSE; CORONARY ANATOMY NORMAL 1x1 CM P/M VSD NO AORTIC OVERRIDE; NO ASD/ADDNLVSD/PDA/CoA PERICARDIUM CLOSED COMPLETELY; RIGHT PLEURAL HOLE		
OPERATIVE NOTES	MEDIAN STERNOTOMY, THYMUS RIGHT LOBE REMOVED, VERTICAL PERICARDIOTOMY, PERICARDIAL STAYS. AO-RA/IVC CANNULATION, ON CPB, COOLING, DUCTUS CLIPPED, AOXC ON, ROOT CBC, CAVAE SNUGGED, RA OPENED, RA STAYS, LA VENTED VIA RSPV, INTERRUPTED PLEDGETED SUTURES TAKEN ALONG MARGIN OF VSD, VSD CLOSED WITH PTFE PATCH, TV CHECKED NO TR, LA VENT OFF, RA CLOSED, DEAIRED, AOXC OFF, REWARMING, ROOT VENT ON, CPB WEANED OFF, ROOT VENT OFF, DEANNULATION, PACING WIRES, HEMOSTASIS, CHEST DRAINS, PERICARDIUM CLOSED COMPLETELY STERNUM WITH ETHIBOND, REST AS ROUTINE AORTIC CANNULA – 12 Fr ARGYL; VENOUS SVC-18 Fr St; IVC- 18 Fr ANGLED		
AoX-Cltime:	43 MIN	CPB time:	74 MIN
		Lowest Temperature:	32 c.

POST OPERATIVE COURSE	UNEVENTFUL
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DISCHARGE MEDICATIONS	
TO CONTINUE	FOR FIVE DAYS
Tab. Etilenafil 4mg TDS Cap phenoxy 2.5mg TDS Fluoxilone 100mg B.D. Tab Envas 1mg BD 2mg Lactox 5mg PO BD.	sup oflox 75mg BD sup Amoxicillin 100mg B.D. sup cloxin 100mg B.D.

- INSTRUCTIONS:**
- 1) Follow diet restrictions
 - 2) Report immediately if -

a) Fever more than 2 days
b) Bleeding / discharge from wound
c) Decrease urine output
d) Worsening of symptoms
 - 3) Visit OPD at one week, one month, three months, six months, one year and yearly.
 - 4) Follow up in NEW CTVS OPD, Monday/Wednesday/Friday 2.00p.m. after 7 days with CXR
 - 5) Stitch removal in NEW CTVS OPD R.No 02, Monday/Wednesday/ Friday, 12.00p.m. after 7 days
 - 6) Contact Doctor on e-mail/phone via website "aiims.edu"
 - 7) Report any hospital admission / visit outside AIIMS.

CONSULTANT
DR SACHIN TALWAR



SENIOR RESIDENTS
DR. PANKAJ / LOKESH