







Referred from: PAED SURGERY



आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

आउट पैशियेंट विभाग / Out Patient Department

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

OPR-6

2014/09/0021288

UHID: 100237496

एकक/Unit (नाक कान गला विभाग) ENT

विभाग/Dept.

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

नाम/Name PAWAN KUMAR	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/M/P/O RAMESH CHAUDHARY	लिंग Sex पुरुष M	आयु Age 5 महिना / M 5 दिन D	पता/Address STATION ROAD FATHUWA PATNA, BIHAR
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निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

Registration Time : 8:00 AM TO 10:30 AM

Done By: RAK OPD/152

Please visit ENT counter for room allotment (Fourth Floor(चौथी मंजिल))

03/07/2014 08:43:16 AM

K/40 Down Syndrome &
Hirschsprung disease
ARSD

Referred for my evaluation from
paeds opd

No 40 IOT (Acc to parents)

No 40 eardr / Bleed

RA

MA

14366
31/7/14

OH

Signature

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

Adv

FFA in 4106 ~~BR~~

. R/w Refm

FFA
Person at
40-50 dB
~~De~~

. BERA-4107

~~P~~

~~P~~



सर्वीरणाई चतुर्वर्षाभ्यन्तम्

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

Tue, Fri

एकक/Unit

विभाग/Dept.

2014/003/0012836

स० सं० वि० पंजीकृत सं० / O.P.D. Regn. No.

UHID: 100237496

नाम/Name

Paediatrics (बाल चिकित्सा)

Unit-II पति/पुत्री
F/S/W/H/D of

लिंग
Sex

आयु
Age

पता/Address

PAWAN KUMAR

S/O RAJESH
CHAUDHARY

M

3M/महिना

पुरुष

22D/दिन

STATION ROAD FATHUWA
PATNA, BIHAR

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

Registration Time: 8:00 AM TO 10:30 AM

Done By: Paediatrics Counter/312

Room No. 3, Ground Floor (तल मंजिल)

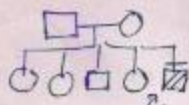
20/05/2014 08:50:14 AM

Δ Down Syndrome

Hirschsprung disease

ASD

Born to a 34yr old G5 mother



Tx TFT @

at 7mon

for genetic
clues

- Counselled

- T₄ TSH after 6 months

- DQ and stimulation
Dr. Sapra Rno (13)

- Ref to RPI for opthalmic
evaluation

- Ref to ENT for hearing evaluation
3rd floor

- karyogram

- USG abd & pelvis for renal abn

- Ped Sx & Ped cerebral hyp

7th July 2014

1.30 pm

Counter (50)

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

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

23 MAY 2014

Occupational Therapy stimulation

- ① मालिश करें नियम से।
- ② पैर के बल लिये और सामने में खिलौना रखें, बच्चा उठेगा।



90

③ पलकें दिल्वाये

④ सेहतना ध्यान रखें

इ बच्चे को शरीर के पूरे सहारे से बेंगना है।

Ankita
23/5/14

23/5/15

The child was assessed on DAS II at the age of 4.0 mo 50%.

MoA = .9

MoD = 22.5 — motor

MeA = 1.7

MeD = 42.5 — mental

Delay

4 JUL 2014

23/5/14

4cc - 5m.

Recd BCG & fin den 7 OCT

3rd Interim / 2nd den
OPV

Calpor dyp 0.4 mg 50%
ly

SYP. cmoan (5ml = 125 mg) 2ml (50%)



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

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

शरीरनाथ धनुषमहालयम्

OPR-6

2014/003/0012836

UHID: 100237496

एकक/Unit

विभाग/Dept.

Paediatrics (बाल चिकित्सा) Unit-II

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of S/O: RAJESH CHAUDHARY	लिंग Sex पुरुष	आयु Age 3M / महीना	पता/Address STATION ROAD FATHUWA PATNA, BIHAR
PAWAN KUMAR				

निदान/Diagnosis

Date → 21st Jan 2014

दिनांक/Date

Registration Time: 8:00 AM TO 10:30 AM

Done By: Paediatrics Counter/254

Room No. 3, Ground Floor (तल मंजिल)

29/04/2014 10:25:37 AM

उपचार/Treatment

Diagnosed to

A CHD

Referral from Bihar

CNS - PSM at LUSB

2 MAY 2014

Onkda

Bonvicu amba
- 4th week
of Hirsutism
doubt

AIIMS
New D
Echo → ? IAS defect - Kaushik

new case
Diagnosis

H/o UNG + st
↓ after 1 mth

At 1 mth

→ IFR → ⊙

3 1/2 mth / m

Fast breathing + st since 1 mth

pain hand + st

And dist + st Social smile + st

Gib (-)

Neck swelling + st

1E → ? Upward slanting of eye

AF wide + st PF wide + st

long 1/2

CNS → Esm + st

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) 31 Aug 2014

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

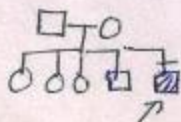
Ado
- Karyotyping
- Echocardiography

- Surgical intervention - to Ato Hirschsprung disease
- Refer Cardio A/W for Echo & CNC (mon/wed/thu) wgt of ACHD
- Der Neely (4) - ? Down syndrome

T₄, TSH

Vann

2/5/14. Phenotype S/O Down syndrome & CHD & constipation



- Pediatric cardiology opinion: ✓
Mon/wed/Thu 2 PM.

Ba enema

? high possibility
of Hirschsprung's
disease

- T₄ TSH
- Hearing evaluation 5/3/14 - Ref to ENT UPD
- Ref to Pediatric Surgery UPD for 3 MAY 2014 3rd floor
- Appt for Genetic clinic 35/37



2nd June 2014

Genetic clinic

Conte M (50)

- OA and stimulation (13)

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

दिनांक
Date

CV 2014/054/0011884

Cardiology

UHID: 100237496

Paed. Cardiology

Date 12/05/2014

Mon

विभाग
Deptt.

Name PAWAN KUMAR

3M 14D /M

S/O RAJESH CHAUDHARY

Phone No.

ब.रो.वि.
O.P.D. N

Consultant Room 18

Dr. Saurabh kr. Gupta

SR Room 14

DR. GAJENDRA



उम्र
Age

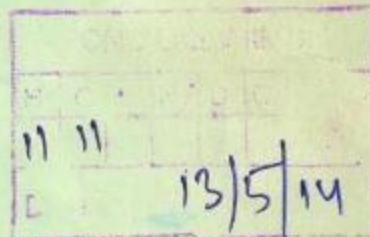
लिंग
Sex

1. Hirschsprung's disease

2. ACHD TRP

3. ASD

4. VSD



12/5/14

18549
12/5/14

CA-11661

Down's syndrome

Hb 10.1 gm%

Echo - large ASD

large VSD, BA shunt

12 mm PDA

SEN PAN

very likely due to
Down's synd.

① Symp Aroped 0.4 ml OD
② Nixin Elixir 0.4 ml BD

दिनांक
Date

M82

19/5/14

21/7/14

जेनेटिक विभाग
सोमवार 4:30 बजे
काउन्सिलिंग नं. 8/9
बच्चों की सेवा, एनए

Tue, Fri

9 AM

Room No. 4/8

M82

20/6/14

M82 SS

24/6/14

- Attend peds ops/genetic ops
mon/fri.

- r/v after 1 mo.

A ^{su}
19/5/14.

Saoz

ULH

B67 U1

B54 22

(CTB)

S



हरीशचन्द्र अलुपर्वतधाम

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

Dr. D. K. GUPTA

मंगलवार-शनिवार

TUES./SATURDAY

OPR-6

एकल/Unit

2014/022/0002490

विभाग/Dept.

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

UHID: 100237496

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
PAWAN KUMAR	S/O : RAJESH CHAUDHARY	पुरुष M	3 महिना/ M 5 दिन/ D	STATION ROAD FATHUWA PATNA, BIHAR

निदान/Diagnosis

Down's with Hirschsprung disease with ASD.

दिनांक/Date

उपचार/Treatment

Registration Time : 8:30 AM TO 10:30 AM

Done By: RAK OPD/1025

Room No. 37(कक्षा सं.37), Third Floor(तीसरी मंजिल)

03/05/2014 08:39:09 AM

FTNUD → Passed meconium on
6th day after birth after a day
passed little finger perianus of the baby
→ stool came out with a gush and
baby's abdominal distension relieved.

↓
Baby then was taken to Patna Medical
College as he developed recurrent abdominal
distension & vomiting & passed stool only once in
4-5 days. Baby also had jaundice which resolved
within few days.

↓
At Patna Medical College, ECHO & Barium was
advised → After these investigations baby was
referred to AIIMS, Delhi.

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

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

Baby accepting feeds well. passing stool daily with
laxatives.

O/E - Conscious, vitals - normal, Hydration - normal.
Chest - B/L clear. Faeces - s/o Down's Syndrome.

P/A - Soft, mild distension with visible bowel loops, no FF.

P/R - Empty. No ~~blast~~ sign.

• Ba enema (Private; 18/04/14) - Reversal of rectosigmoid ratio present.

• Echo (PMCH; 12/4/14) - ASD (1.1cm) with L → R shunt.

Imp - Down's with ASD with Hirschsprung disease.

• Ba enema discussed with Dr Sureshi (Consultant Radiology) → Both rectum as well as sigmoid appear dilated. No definite transition zone appearance seen.

CDW Dr (Prof) DK Gupta sir

Plan - Conservative follow up - Symptomatic treatment

Adv

Syp Havisyme 5 drops BD

• Review in Peds OPD, AHMS with Thyroid profile report & follow up there for ASD & Genetic work up for Down's Syndrome.

• Continue laxatives (as baby is relieved with them).
• Glycerine / ~~Dulcolax~~ suppository SOS, if abdominal distension.
• Saline Enema as explained, if baby doesn't pass stool for 2 days.
• ~~Rev~~ Review after 2 weeks - on 17/05/14.

Nainder



General Follow-Up

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

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

K GUPTA

मंगलवार-शनिवार

TUES./SATURDAY

OPR-6

एकक/Unit 2014/022/0002490

विभाग/Dept. PAED SURGERY (बाल शल्यचिकित्सा) न० रो० दि० पंजीकृत सं० / O.P.D. Regn. No. UHID: 100237496

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
PAWAN KUMAR	S/O : RAJESH CHAUDHARY	M पुरुष	4M /महिना 30D /दिन	STATION ROAD FATHUWA PATNA, BIHAR

निदान/Diagnosis

? Hirschsprung ds.

दिनांक/Date

उपचार/Treatment

Registration Time : 8:00 AM TO 10:30 AM

Done By: paed. Surgery Counter/1456

Room No. 37 PS, Third Floor (तीसरी मंजिल) Floor

28/06/2014 10:15:31 AM

Token No. 19

5 months age / 3.5 kg

- on breast milk + Lactogen I
top feed (as explained
by dietician)- passes very hard stool - 1 pellet,
then rest of the stool soft,
passes 6-7 times / day then
for next 3-4 days,↓
then no stool x 3 days↓
Gives glycerine suppository

- this cycle is repeated again & again
- No w/o abdominal distension / vomiting now.
- No w/o bleeding P/R.
- Taking laxatives - but passes c supposition only.

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

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

28 JUN 2014
 Wat.....
 Date.....

P/R - Rectum empty but sudden gush
of air on withdrawing finger back.

Adv.

- Anorectal manometry - (33)
- Thyroid profile
- R/A reports
- Stop laxative. *S*

ARM on 1/7/11 at 8.30 AM
Room No - (33)
• Symplicidoxyl - 1
@hmv

19493
28/6

17 JUN 2014

7 3.5 kg

At rect on laxatives for last 3 meals
Passes stools daily 2-3 times a day

P/A - soft

Cyst over. Infection of vesicular acid.

→ Child is on breast feed
+ top feed Lactogen I

C/O diarrhoea x 5 days

→ inadequate hydration.

No % of outgrowth clinically.

Adm -

No loose stools / vomitting.

- Syb Zinc 20mg/5ml 1/2 tly OD x 2 wks

→ Mother is not able to
produce enough milk

- Dietician refused for failure to
nurse

- Also streaked ~~toilet~~ milk.

- Refr to oral medicine. OPD

by
J. Arjun

Ref: As per mother child is
already exposed to top feed
early weaning has been started
flu in next 2 to 3 Lactogen I

Continue breast feed
flu in 1 week for dietary modification.

Balika
17/06/14

17 JUN 2014

7 3.5kg

At ret on laxatives for last 3 weeks
Passes stools daily 2-3 times a day

→ Child is on breast feed
+ top feed Lactogen I

→ inadequate hydration

No loose stools / no vomiting

→ Mother is not able to
produce enough milk
- Also started to take milk.

Ref: As per mother child is
already exposed to top feed
early weaning has been started
Hence next ~~to~~ Lactogen I
Continue breast feed
flu in 1 week for dietary modification.

PA - soft

Cyst ome. Infection at udder arch.

Cloxacillin x 5 days

No op on udder arch. clinically.

Adm -

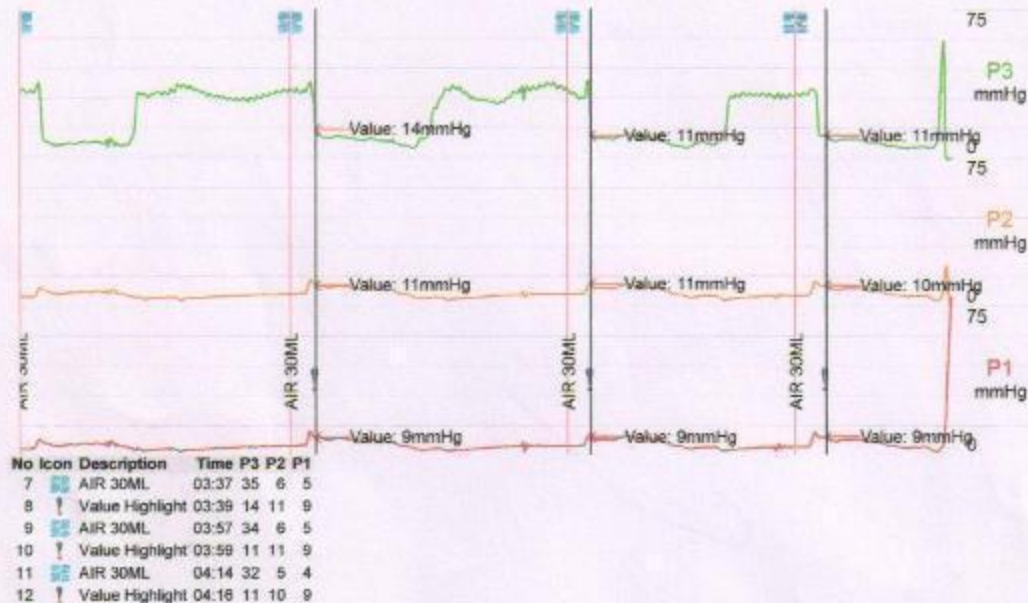
Syp Zinc 20mg/5ml 1/2 tly OD x 2 wks

→ Dietician refused for failure to
Nurse

Refu to oral medicine. ORP

by
Nurse

Balinder
17/06/14



Imager - Normal Auscultation Reflux

acharya

ECHOCARDIOGRAPHY REPORT

कृपया फ
यह कॉपी फ

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME: Lawan Kumar AGE: 3 months SEX: M/F DATE: 16/5/2014
ECHO No. 116957 CV No. 11884/14 CR No. VCR TAPE No.
HEIGHT: 74 cms WEIGHT: Kg. BSA: m² Ref. Physician: S. S. Sarda
Referring Diagnosis: Done by Dr. E. Varun Checked by Dr.
Quality of Imaging: Poor/Adequate/Good

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Prolapse / SAM / Doming
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical motion / Fixed.
Subvalvular deformity: Present/Absent Score:
Doppler Normal / Abnormal
Mitral stenosis: Present/Absent RR interval: msec
EDG: mmHg MDG: mmHg MVA: cm²
Mitral regurgitation: Absent / Trivial / Mild / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolaps / Vegetation / Doming
Doppler Normal / Abnormal
Tricuspid stenosis: Present/Absent RR interval: msec
EDG: mmHg MDG: mmHg
Tricuspid regurgitation: Absent / Trivial / Mild / Moderate / Severe Fragmented Signals
Velocity: m/sec Pred.RSVP=RAP+ 64 mmHg

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Doming / Vegetation
Doppler Normal / Abnormal
Pulmonary stenosis: Present/Absent Level:
PSG: mmHg Pulmonary annulus: mm
Pulmonary regurgitation: Present/Absent Trivial
Early diastolic gradient: mmHg End diastolic gradient: mmHg

AORTIC VALVE

Morphology Normal / Thickening / Calcification / Restricted Opening / Flutter / Vegetation No. of cusps: 1/2/3/4
Doppler Normal / Abnormal
Aortic stenosis: Present/Absent Level:
PSG: mmHg Aortic annulus: mm
Aortic regurgitation: Absent / Trivial / Mild / Moderate / Severe

टोकॉपी करा लें
ईल मे रखी जाएगी

Echocardiography report (continued2)

Measurements

Aorta 9
LV es 9
IVS ed 4
RV ed
EF 60%
IVS Motion
IAS 6mm ASD

Normal Values

(21-22mm/m²)
(16-19mm/m²)
((6-10mm)
(4-14mm/m²)
(62-80%)
Normal/Flat/Paradoxical

Normal Values

LA es 12 (21-22 mm/m²)
LV ed 19 (19-32 mm/m²)
PW(LV) ed 4 (17-11mm)
RV Anterior wall (upto 5 mm)

CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy
Contraction Normal/Reduced

LA

Normal/Enlarged/Clear/Thrombus

RA

Normal/Enlarged/Clear/Thrombus

RV

Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion

REMARKS

TEE
PDA window
small PDA
① Coarctation
↓
Calc
DIAGNOSIS
25/6/14

FINAL IMPRESSION

Downs + ACHD + Op - Large ASD, Mod rust P/m VSD, small PDA
R→L R→L

Down syndrome
large ASD L→R flow
shunting via large & partly closed
by tricuspid

2mm PDA

RV > LV.

② arch no/BA.

PAH much more than
expected from CHD

clinical eval.

SC, LC, AVAEC, @ sys v → RA
3PVs → LA
LVC → CC → RA

16/5/14

Large OS-ASD ~ 6-7 mm
L→R non restrictive

Severe PAH

small PDA 2mm (R→L)

Mod S/A VSD restricted by STL prolapsing
into LVOT - mild R→L shunt

No CoA ① valves ② arch ③ Biv h

Resident

Consultant

Warrant review



प्रजनन जैव विज्ञान विभाग
DEPARTMENT OF REPRODUCTIVE BIOLOGY
अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

नई दिल्ली / NEW DELHI - 110029

आर. आई. ए. सुविधा R.I.A. FACILITY, ROOM NO. 5010

REPORT

प्रयोग संदर्भ सं.

Reg. Date : 28-06-2014

Reference No. : 140619397

Patient Name : MAST. PAWAN KUMAR

Age : 3 Months

Sex : MALE

OPD Name/ Reg.No : PEAD2/100237496

Category : EXEMPTED

Internal : 4338

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Units</u>
T4	6.63	4.87 - 11.72	ug/dl
TSH	4.24	0.35 - 4.94	uIU/ml

*** END OF REPORT ***

Blood Collection Time:- SR

Values Valid for Samples drawn between 8:00 AM to 10:AM

/ Reporting Officer

रसीद सं. : / Receipt No. :

दिनांक : / Date :

राशि रु. : / Amount Rupees : Rs 0.00

Total Page: 1

Page 1 of 1



DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 ANSARI NAGAR, NEW DELHI-110 029

Name Pawan Kr UHID No. 21288 Unit ENT
 Age/Sex 5 yr / M CR No. 21288 Date 3/2/14
 Clinical Diagnosis Toy

Test Required ☒ ABR ☐ ASSR ☐ OAE

INSTRUCTIONS TO PATIENTS FOR UNDERGOING TEST

जाँच करवा रहे रोगियों हेतु निर्देश

- The test is best undertaken with the child asleep. It can therefore be helpful if the child is woken up early in the morning and is sleepy at the time of conducting the test.
यह जाँच जब बच्चा सो रहा हो तभी बेहतर हो पाती है। इसके लिए बच्चे का सुबह जल्दी जगना सहायक हो सकता है तथा जाँच के समय तक बच्चा सोने की स्थिति में होता है।
- Please do not apply any kind of oil/cream etc. on the head or face. If oil has been applied on the day of the test please wash the patient's head before coming for the test.
कृपया बच्चे को किसी प्रकार का तेल/क्रीम इत्यादि न लगाएं यदि जाँच के दिन सिर पर तेल लगा हुआ हो, तो कृपया जाँच के लिए आने से पहले रोगी का सिर धो दें।
- The Patient may have a light breakfast. There is no need for fasting for the test.
रोगी हल्का नाश्ता ले सकते हैं। जाँच के लिए खाली पेट रहने की आवश्यकता नहीं है।
- Sedation is usually required so that the child sleep well for the test. This shall be administered at the hospital under direct supervision. After this there is usually a waiting period of 30-90 minutes before the test can be conducted.
सामान्यतः प्रशामक की आवश्यकता होती है ताकि बच्चा जाँच के समय ठीक से सोया हुआ हो। यह प्रशामक अस्पताल में प्रत्यक्ष निगरानी में दिया जाता है। इसके पश्चात सामान्यतः जाँच होने से पहले 30-90 मिनट तक प्रतीक्षा की जाती है।
- Following the test all children who have been sedated shall be required to wait for about 2 hrs for the effect of sedation to wear off before leaving the hospital.
जाँच के पश्चात सभी बच्चों को जिन्हें प्रशामक किया गया था उन्हें अस्पताल से जाने से पहले प्रशामक के प्रभाव की समाप्ति के लिए लगभग 2 घंटे इंतजार करना होगा।
- After the test, you may apply oil/cream on the tested area for 2-3 days.
जाँच के पश्चात आपकी जिस जगह जाँच की गई है उस पर 2-3 दिनों तक क्रीम/तेल लगा सकते हैं।
- Please bring Triclofos oral solution 30 ml for sedation purpose.**
कृपया प्रशामक उद्देश्य हेतु ट्रिक्लोफोस 30 मि.ली. मुखीय दवा साथ लाएं।

Weight _____ Dosage 0.1 to 0.3 ml/kg

Referring Physician Name [Signature]

Signature [Signature]

Date & Time of Appointment	<u>21/8/14 10.00</u>
Address	
Phone No.	

Technician Signature

DEPARTMENT OF OTOLARYNGOLOGY AND HEAD & NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI 110029

Requisition form for audiometric evaluation

Name

Pawan Kr.

Age/Sex

5 mth 1 M

OPD Reg No./CR No.

21288

Ward

Otoscopy



Weber

R

L

Rinne

ABC

DIAGNOSIS

Don't 2400 Hz

Requested by

Date

3/7/14

INVESTIGATION REQUIRED

- Pure tone Audiometry ☐
- Speech Audiometry ☐
- Free Field Audiometry ☐
- Special Tests ☐
 - Difference Limen (DL) ☐
 - SISI ☐
 - Tone Decay ☐
 - ABLB ☐
- Tinnitus Matching/Masking ☐
- Immittance ☐
 - Tympanometry ☐
 - Stapedial Reflex (ipsilat/contralat) ☐
 - Reflex Decay ☐
- BERA ☐
- Hearing Aid Trial ☐
- Real Ear Measurement ☐
- Others ☐

Audiogram No.

Date

Tested by

Audiometer

Reliability/Remarks

Audiogram No.

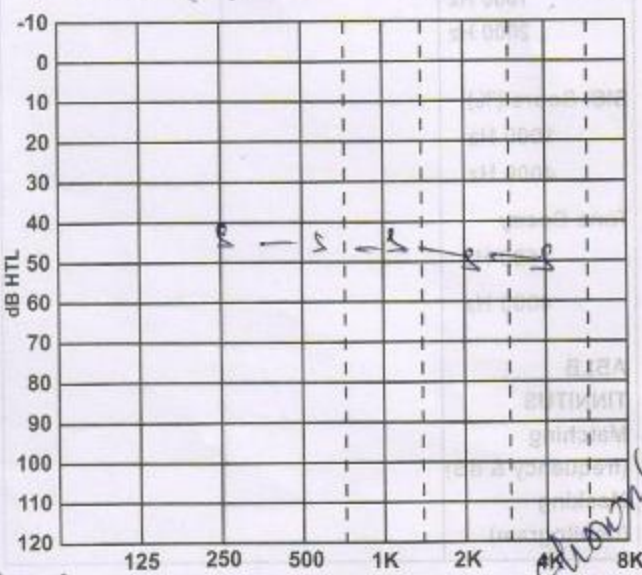
4366

Date

3/7/14

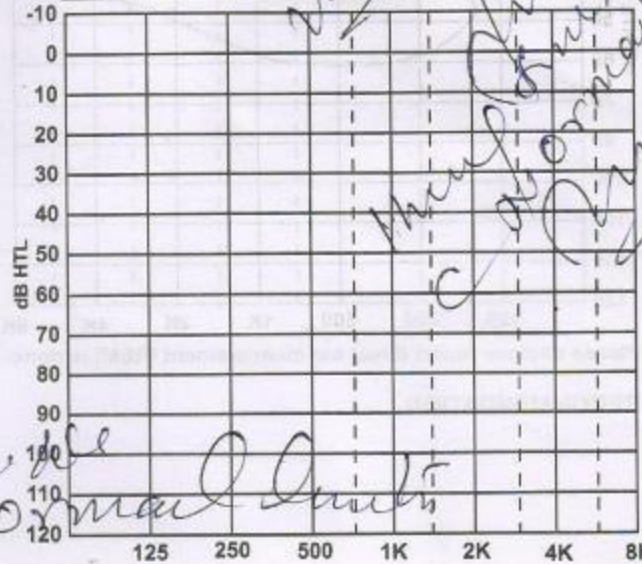
Tested by

Audiometer



AUDIOMETRY KEY

- A.C. Unmasked ☒ R ☒ L
- No response ☐ R ☐ L
- A.C. Masked ☐ R ☐ L
- No response ☐ R ☐ L
- B.C. (Mastoid) Unmasked ☐ R ☐ L
- No response ☐ R ☐ L
- B.C. (Mastoid) Masked ☐ R ☐ L
- No response ☐ R ☐ L
- B.C. (Forehead) Unmasked ☐ R ☐ L
- Free Field ☐ R ☐ L



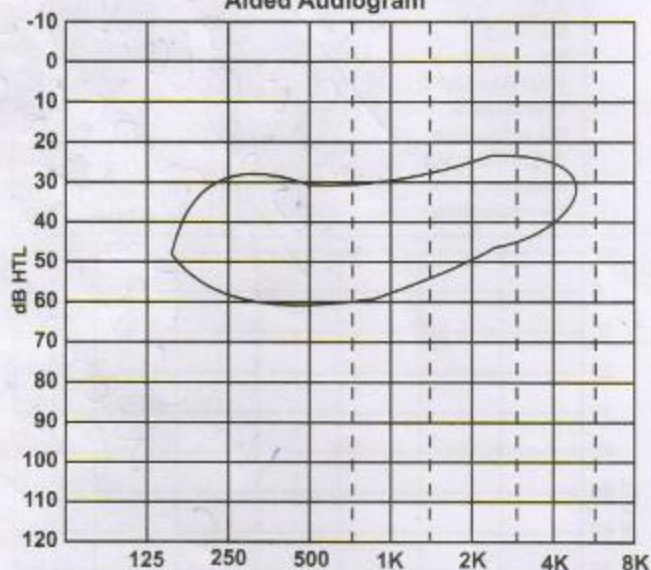
Reliability/Remarks
B.P. 100/60
Normal hearing
No response at 5000 Hz
Normal hearing
Normal hearing

SPECIAL TESTS

Test	Observations	
	Right	Left
Difference Limen 1000 Hz 2000 Hz		
SISI Score (%) 1000 Hz 4000 Hz		
Tone Decay 500 Hz 4000 Hz		
ABLB TINNITUS Matching (frequency & dB) Masking (tinnitogram)		

For ABLB and Tinnitogram use audigram form.

HEARING AID TRIAL Aided Audigram



Please enclose report if real ear measurement (REM) is done.

RECOMMENDATION

SPEECH AUDIOMETRY

	Right	Left
	H / E	H / E
Speech Awareness Threshold (dB)		
Speech Reception Threshold (dB)		
Speech Discrimination Score (%)		
Most Comfortable Level (dB)		
Loudness Discomfort Level (dB)		
Dynamic Range (dB)		

H = Hindi

E = English

FREE FIELD AUDIOMETRY

	Awareness	Startle
Speech		
Wide Band Noise		
Narrow Band Noise		
500 Hz		
1000 Hz		
2000 Hz		

AIDS TRIED

A1 A2
A3 A4

AIDED SPEECH AUDIOMETRY

	Right	Left
SAT / SRT		
A1		
A2		
A3		
A4		
SDS		
A1		
A2		
A3		
A4		

Tested by:

Date:

Reliability

देवा में,

श्री गान अनधिकृत

शिक्षक शिक्षा प्रदा

७-२२ नोवम्बर (३० नं०)

पेपर-३

विषय. मेरे बेटे के इलाज के समकथ में

श्री गान,

मेरा नाम रमेश चौधरी है और मेरे बेटे का नाम पवन कुमार है जिसका उम्र पाँच महीना है। मेरे बेटे के दिमाग में देव है जिसका इलाज एमल होस्पिटल में चल रहा है। जिसका खर्च १०,०००/- है। मैं एक गरीब आदमी हूँ। मेरे बेटे के इलाज के लिए पैसा का इंतजाम नहीं हो पा रहा है। अब मेरे बेटे की जिन्दगी आप लोगों के हाथ में है-

कृपया आप लोग मेरी सहायता करें।

आपकी

रमेश चौधरी


 भारत निर्वाचन आयोग
 ELECTION COMMISSION OF INDIA
 IDENTITY CARD
 RBL0376616




निर्वाचक का नाम : निर्मला देवी
 Elector's Name : Nirmala Devi
 पति का नाम : राजेश चौधरी
 Husband's Name: Rajesh Choudhary
 Sex / लिंग : Female / महिला
 जन्म तिथि : X X X X 1985
 Date of Birth : X X X X 1985


 भारत निर्वाचन आयोग
 ELECTION COMMISSION OF INDIA
 IDENTITY CARD
 RBL0786574

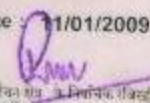



निर्वाचक का नाम : राजेश चौधरी
 Elector's Name : Rajesh Chaudhary
 पिता का नाम : लक्ष्मण चौधरी
 Father's Name : Laxman Chaudhary
 लिंग / Sex : पुरुष / Male
 जन्म तिथि : X X X X 1990
 Date of Birth : X X X X 1990

RBL0376616

पता : ११५, सोनारु,
 शहर/गाँव - सोनारु,
 अंचल - फतुहा,
 जिला - पटना - ८०३२०१

Address : 115, Sonaru,
 Town/Vill - Sonaru,
 Anchal - Fatuha,
 Distt - Patna - 803201

दिनांक / Date : 11/01/2009


१८५, फतुहा निर्वाचन क्षेत्र के निर्वाचक
 के पते का बदलाव करने के लिए
 Facsimile Signature of Electoral Registration Officer
 185, FATUHA Constituency
 इस कार्ड पर, जो कि का बदलाव करने के लिए
 का उपयोग करने के लिए का उपयोग करने के लिए
 In case of change in address, mention this Card No.
 in the relevant form for inclusion your name in the
 roll at the changed address and to obtain the card
 with same number.

RBL0786574

पता : सोनारु
 शहर/गाँव - सोनारु,
 अंचल - फतुहा,
 जिला - पटना, 803201

Address : Sonaru
 Town/Vill - Sonaru,
 Anchal - Fatuha,
 Distt. - Patna, 803201

दिनांक / Date : 1/10/2010


१८५, फतुहा निर्वाचन क्षेत्र के निर्वाचक
 के पते का बदलाव करने के लिए
 Facsimile Signature of Electoral Registration
 Officer 185, Fatuha, Constituency
 इस कार्ड पर, जो कि का बदलाव करने के लिए
 का उपयोग करने के लिए का उपयोग करने के लिए
 In case of change in address, mention this Card No.
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 with same number.

176/1 159