





To
The Social Worker (222)
KSCW.

Respected Sir/Madam,

Kindly arrange for Inj Vancomycin
for patient: Md Shaad 3yr/Male (13729)
on chemotherapy for ALL. U2W5

He requires Inj Vancomycin 930mg for
7 days (Total of 6.3 gm)

Thanking You.
Deepu.
PA II

Kulbir
Assistant Prof. of Pediatrics
Deptt. of Pediatrics
MMC & Assoc. K.S.C. Hospital
New Delhi-110001

forwarded to
Relief India trust
for need full.
A. N. SINGH
Medical Social Worker
Kalawati Saran Children's Hospital
New Delhi-1

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name आयु/Age लिंग/Sex अरक्षण सं./ In-Pat. Reg. No.		
पिता का नाम/Father's Name एकक/Unit		
पता/Address	डा० का नाम/Doctor's Name राष्ट्र/Nationality धर्म/Rel. परिवार सद० सं./F. P. Status आय/Income आपत/Emergency	
व्यवसाय/ Occupation	CGHS फोन सं./Tel. No. दाखिला ता० व समय Date and Time of Adm. आक्षर/Initials	
तारीख Date	दिनचर्या Daily	इलाज का आदेश Treatment Orders

