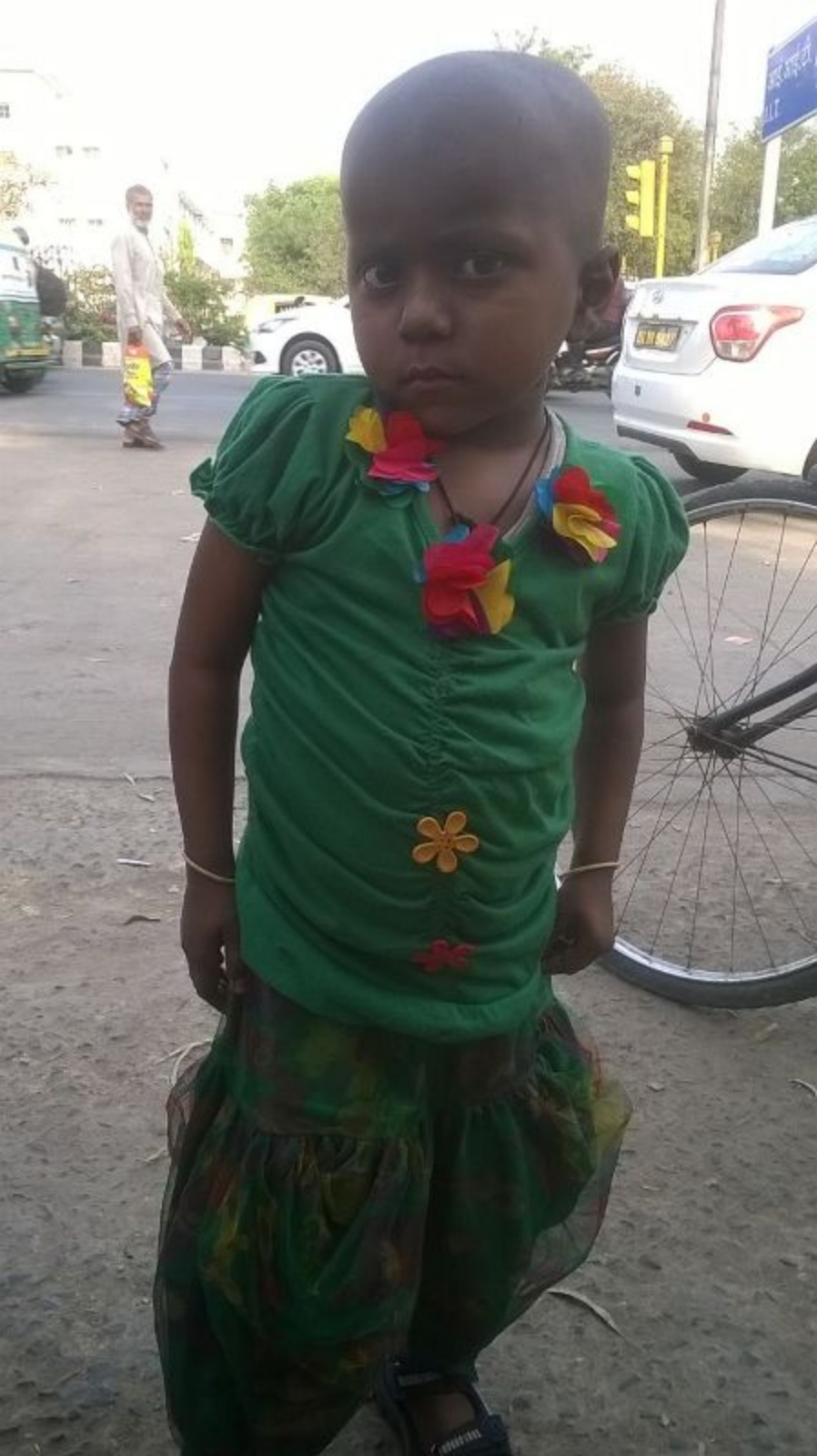

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग /Out Patient Department

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

OPR-6

DeptSeq: 194
UHID: 101505816
Dept. Regn. 2016/003/0000600
Name: PAYAL KUMARI
D/O DHIRESH SHARMA, 3Y 2D , F
VILL- BAMANPUR TALUKA, POST BALKA, DIST- BULANDSHER, UTTAR PRADESH, INDIA
Dept: Paediatrics
Unit: Unit-III
Room: 10
N/2
Days: Wed,Sat(बुध,शनि)
App. Date: 06/01/2016
Appt. ID: 2016010409525

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

पता/Address

निदान/Diagnosis: Mediastinum mass c̄ SMS ? Neuroblasto

दिनांक/Date

उपचार/Treatment

(4) 13kg Referred from kalawati hospital for urine VMA, done for MIBG scan

- Symptomatic from 3 month c̄ (L) side neck swelling - progressively increasing c̄ fever & cough.

O/E PR-130 RR-46 SPO2- 94% ↓ RA
~~Ati~~ stridor (+). B/L AEE no crepts
- Cervical lymphadenopathy. Left side neck mass reaching upto ~~at~~ mid line Ant^r
- Axillary LN (+)
- Liver 3cm spleen ~~Ht~~ 1cm

CT-Neck-Chest - s/o - well defined homogeneous ~~ah~~ enhancing soft tissue attenuation c̄ central coarse & amorphous calcification in sup^r, post^r mediastinum extending into

ant', middle, mediastinum c̄ cut And cap, c̄ bony involvement & spin comp extensio ?. Neuroblastoma

— * 24 hr urine VMA is not available in PGIMER.

— Adv ① Referred to pediatric casualty for stabilization - care

↓

After referred back to Kalawati hospital as no bed is available for admission in unit.

(child now admitted in Kalawati hospital)

② To do / get MIBG scan date,

③ Review after stabilization c̄ slide of biopsy Report of histopatho & block.

④ Danger sign explained

⑤ Inf. Hgm, Blood group, sign, [illegible]

सेवा में,

श्रीमान अधिक्षक
रिलिफ इंडिया ट्रस्ट
D-22, सेक्टर-3
नोएडा - उ० प्र०

विषय - मेरी बेटी के इलाज हेतु प्रार्थना पत्र।

महोदय,

सविनय निवेदन यह है कि मेरा नाम धीरेश शर्मा है और मेरी बेटी का नाम पायल कुमारी है, जिसकी उम्र तीन साल है। मेरी बेटी की Newroblastoma (Cancer) की बीमारी है जिसका इलाज दिल्ली के एम्स अस्पताल में चल रहा है। जिसका खर्च 2,70,000 बताया गया है। मैं एक गरीब व्यक्ति हूँ मेरी आर्थिक स्थिति खराब होने के कारण मैं इलाज हेतु पैसा जमा कराने में असमर्थ हूँ। अतः आपसे अनुरोध है कि आप मुझे आर्थिक सहायता प्रदान करें।

प्रार्थी

धीरेश शर्मा

4 T. Amlodipine 2.5mg PO BD

5 T Xylonic 500mg PO BD x 5 days

6 Plenty of oral fluid.

Flw on 28/1/16 with CBC, Biochem

CECT abd - 27/1/16

BM Asp/Bx - 28/1/16 → done on 27/16

21/1/2016

c/s/B Dr. Rastogi

Adv

1. Renew ± count

2. Flw on 18.2.2016

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ... HOSPITAL

OPR-6

अस्पताल REMISES

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 184013 Reg.Date-20/01/2016
Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 19389
Deptt. MEDICAL ONCOLOGY
General
Name PAYAL KUMARI
D/O- DHIRESH SHARMA
UHID-101505816
Sex/Age F/3Y
Address VILL- BAMANPUR TALUKA, POST BALKA, DIST-BULANDSHER, UTTAR PRADESH, INDIA
Room 13 (Shift Afternoon)

यूनिट/Unit _____ egn. No._____

विभाग/Dept. _____

नाम/Name जन्म तिथि/Date of Birth

निदान/Diagnosis Mets Neuroblastoma.

दिनांक/ Date	उपचार/ Treatment
20 JAN 2016	· CBC · RFT, LFT · Coagulation · BM biopsy review · BM Aspn review · Plan th admit. Plan on 25th Jan 2016.
22/1/16	Inj Emset 2mg IVP Inj Dexa 2mg IVP Inj cyclophosphamide 200mg IVP 22/1/16 Inj Mesna. 200mg IVP 22/1

OPD Adj

PTO

1053 163145, 163780 1090

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

N/A

OPR-6

IRCH No. 184013
Name PAYAL KUMARI
D/O- DHIRESH SHARMA
General
Sex/Age F/3Y
Address VILL- BAMANPUR TALUKA, POST BALKA, DIST-BULANDSHER, UTTAR PRADESH, INDIA

अस्पताल ... PREMISES

इकाई/ Unit Ped ...
विभाग/ Dept. Med ...
Regn. No. 10150581 6

नाम/ Name Payal Ku...
पता/ Address

of 1

निदान/ Diagnosis Metastatic neuroblastoma

दिनांक/ Date	उपचार/ Treatment
25/1/16	· CBC · RFT, LFT, LDH · CECT neck/chest/abd MIBG - (done) BMA/Bx / Biopsy — R.m15 done on 29/1/16
Shamodhan... spare ... sarna. 25/1/16	1 Inj GCSF 100mg s/c OD 27/1, 28/1, 29/1, 30/1, 31/1 R.m15 2 T Wysolone 5mg OD — 3 days 26/1, 27/1, 28/1, then stop 3 T. pantop 20mg po OD — 4days PTD
...-184013 27/1/16 015	

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

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Amb[...] Cancer Hospital

[...]S. HOSPITAL

[...]epartment

[...] IN HOSPITAL PREMISES

OPR-6

Rep.Date-20/01/2016
IRCH No. 184013
Clinic No. 19389
Clinic Paed. Lymphoma Leukemia Clinic
Dept. MEDICAL ONCOLOGY
General
UHID-101505816
Name PAYAL KUMARI
Sex/Age F /3Y
D/O- DHIRESH SHARMA
Room 13 (Shift Afternoon)
Address VILL- BAMANPUR TALUKA, POST BALKA, DIST-BULANDSHER, UTTAR PRADESH, INDIA

DR. B.R.A. IRCH,AIIMS,NEW DELHI
UHID- 101505816

एकक/Unit ____
विभाग/Dept. ____ [...] सं०/O.P.D. Regn. No. ____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis — Metastatic Neuroblastoma.

दिनांक/Date	उपचार/Treatment
18/2/2016	Adv
	① Tab cyclophosphamide 100 mg OD x 6 days.
CBC to be checked in Day care	② Inj Dexa 2 mg } I.V.P D_7-D_8
	Inj Emeset 2 mg. }
kindly advise [...] accomodate in dharamsala.	Inj Cisplatin 25 mg in 250 mg NS over 1 hr D_7-D_8
	Inj Adriamycin 10 mg I.V.P D_7-D_8
	③ T- Dexona 2 mg BD] x 5 days post chemo
Inj 29/2	T - Emeset 2 mg BD] (D_9-D_{13})
	④ Inj G-CSF 70 ug S/C OD from D_{11} for 6 day → कमरा 15
1/3	⑤ F/u on 3/3/2016 c CBC/LFT/RFT

Signature — Dr. S.B

Stamp: DATE 02/03/16 (5D) ... SCL

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

3/3/16 Inj on 14/3/16 i CBE

Inj G-CSF 75 Mg S/c OD x 5 days from

from 4/3/16

D1 - 4/3/16
D2 - 5/3/16
D3 - 7/3/16
D4 - 8/3/16
D5 - 9/3/16

14/3

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi

Lab Centre::Clinical Chemistry

UHID:	101505816	**Sample No:**	CH-1803160727
Name:	Baby PAYAL KUMARI, Female	**Lab Ref No :**	946
Ward Name:		**Verification Time:**	18/03/2016 02:43 pm

Report

Test Name	Result	Comment	Normal Range
UREA	15 mg%		10.00-50.00
CREATININE	*0.2* mg%		0.50-1.80
SODIUM	137 mEq/L		130.00-149.00
POTASSIUM	4.2 mEq/L		3.50-5.00
BILIRUBIN TOTAL	0.4 mg%		0.10-1.00
TOTAL PROTEIN	*6.1* gm%		6.60-8.70
ALBUMIN	3.9 gm%		3.80-4.00
GLOBULIN	*2.2* gm%		4.00-5.50
SGOT (AST)	26 IU/L		0.00-50.00
SGPT (ALT)	18 IU/L		0.00-50.00
ALK PHOS (ALP)	*529* IU/L		0.00-0.00

Over All Comment :

Appointment for Medical Oncology Procedures

Room No. 15. IRCH . AIIMS

IRCH No. 184013

Age 3 Yrs **Sex** Fe

Name Baby PAYAL KUMARI

Test Name

Appointment Date

BM Bx + BMA (Paeds)

27/1/2016

2911 | 16

To report to Room No. 15 at 9.00 A.M.

Syp. Calcium 1 Bottle (5ml)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Lab Centre::Lab Oncology ,IRCH (HEMOGRAM)

UHID:	101505816	**Sample No:**	HMI-180316073
Name:	Baby PAYAL KUMARI, Female	**Lab Ref No :**	073
Ward Name:		**Verification Time:**	18/03/2016 11:47 am

Report

Test Name	Result	Comment	Normal Range
TLC	*3.40* 10^3/ÂµL		4.00-11.00
ANC	2.39 10^3/ÂµL		2.00-7.00
HB	*8.1* g/dL		13.00-17.00
HCT	*24.7* %		40.00-50.00
PLATELET	*133* 10^3/ÂµL		150.00-400.00
RBC	*3.06* 10^6/ÂµL		4.50-5.50

Over All Comment :

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Lab Centre::Clinical Chemistry

UHID:	101505816	**Sample No:**	CH-0203160850
Name:	Baby PAYAL KUMARI, Female	**Lab Ref No :**	952
Ward Name:		**Verification Time:**	02/03/2016 02:59 pm

Report

Test Name	Result	Comment	Normal Range
UREA	17 mg%		10.00-50.00
CREATININE	*0.2* mg%		0.50-1.80
CALCIUM	9.1 mg%		9.00-11.50
PHOSPHATE	3.7 mg%		2.50-4.50
URIC ACID	3.9 mg%		2.00-7.40
BILIRUBIN TOTAL	0.8 mg%		0.10-1.00
TOTAL PROTEIN	*6.4* gm%		6.60-8.70
ALBUMIN	*4.2* gm%		3.80-4.00
GLOBULIN	*2.2* gm%		4.00-5.50
SGOT (AST)	*53* IU/L		0.00-50.00
SGPT (ALT)	10 IU/L		0.00-50.00
ALK PHOS (ALP)	*512* IU/L		0.00-0.00

Over All Comment :

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अस्पत ... M.S. HOSPITAL

OPR-6

अस्पत ... PREMISES

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 184013
Clinic Paed. Lymphoma Leukemia Clinic
Dept. MEDICAL ONCOLOGY
General
Name PAYAL KUMARI
D/O- DHIRENDRA SHARMA
Address VILL - RAMANPUR TALUKA- PYASI TALUKA- DIST
BULANDSHER, UTTAR PRADESH, INDIA
Reg.Date 20.01.2016
Clinic No. 19189
UHID-161505816
Sex/Age F/ 19Y
Room 13 (Shift - Afternoon)

एकक/Unit _____ Regn. No. _____

विभाग/Dept. _____

नाम/Name Payal

जन्म तिथि/Date of Birth

निदान/Diagnosis c/ Stage 4 neuroblastoma

दिनांक/Date	उपचार/Treatment
14/3/16	Plan
	- 2 OPC
	- Daily sign for low platelet counts
	- To come on 21/3/16 ☐ CBC, Biochem, LE
	- c/c BMBx reports → (9)

Dr. Seema Ranji

21/3/16
T. Endoxan 50mg –
2 Tab OD x 6 day

OK 8/4

On 28/3/16 (15) → Day Care

OPD Mdy

Inj. VP-16 100mg in 1 DNS
+
Inj. Zofer 4mg IVP

Fu with CBC 11/4/16

Sameer Bakshi

11/4/2016
· T. Endoxan 50mg 2 tab O.D x 6 days from 18/4/2016
· inj. Emeset 4mg + inj. Dexa 4mg IVP

~~· inj. T. Endoxan 50~~
inj. cisplatin 25mg D8 + D9 in 250ml NS
inj. Doxorubicin 20mg IVP D8 only 25/4/2016
inj. Mannitol 50ml + inj MgSO4 1cc in 100ml NS D8+D9

– Syp Zofer 1 tsp TDS
– T. Dexa 2mg B.D } 5 day
Lots of fluids
F/U on 16/5/2016 c̄ CBC, biochem

MEDICAL ONCOLOGY , IRCH
LIST OF APPOINTMENT FOR DAY CARE

Reg. Date 8/4/2016

IRCH No 184013

Patient Name Baby PAYAL KUMARI **Age** 3 Yrs.

Phone No. **Sex**

Diagnosis

Protocol

S.No.	App Date	Treatment Type		Appointment Status	App. Time
1	27/4/2016	Chemotherapy	Less than 4 Hrs	Appointment	8:00 AM

Instructions to Follow:-

Report at *10:00 AM for Blood Transfusion*

8:00 AM *for Chemotherapy*

Please bring the following Items

Items	Qty
Intra Cath No. 22	1
20 C.C Syringe	1
10 C.C Syringe	1
5 C.C Syringe	1
18 No. Needle	2

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(AIIMS)
New Delhi,
APPOINTMENT SLIP

Done By-2267 **Queue No-52 (Follow-up)** General ₹ **0.0**

Department Name: PROCEDURE/Chemotherapy IRCH **Appointment Date: 08/04/2016**
Reporting Time: 8.00 AM

Doctor Name	**Dr. SR Chemotherapy IRCH**	Appointment Request date	**21/03/2016**
Name of Patient	**BABY PAYAL KUMARI**	Appointment No	**2016032109795**
Sex	**Female**	Age	3 years 2 months 17 days
		Request Mode	counter

Remarks:
Your UHID Is : 101505816.

3/21/2016

Caring for you... For life

Hopkins Laboratories

Home Collection Facilities Available
Fully Computerized Lab
All Lab Tests
Ultrasound, Color Doppler,
Digital X-Ray, ECG, EEG, EMG
NCV, ECHO, CT SCAN, MRI

PATIENT NAME	: PAYAL KUMARI	AGE: 03 Yrs.	SEX: F
REF. BY.	: AIIMS	REFNo:7948/16	Date: 09.04.2016

BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
TOTAL BILIRUBIN	0.8	mg/dl	0.1-1.2
CONJUGATED DIRECT	0.3	mg/dl	0.0-0.3
UNCONJUGATED INDIRECT	0.5	mg/dl	0.1-0.9
SGOT	30.2	I.U	5-40
SGPT	21.7	I.U	0-35
S. ALKALINE PHOSPHATE	367.9	IU/L	67-382
TOTAL PROTEIN	6.6	gm.%	6.0-8.0
ALBUMIN	3.9	gm.%	3.0-5.0
GLOBULIN	2.7	gm.%	1.5-3.5

*** End of the Reports***

Lab Tech. Sign

Dr. SUMERA AMIN
MBBS, DCP
Consultant Pathologist

68 Ist Floor Yousuf Sarai Gautam Nagar Road Near PNB ATM New Delhi-16

Timing : 8:00 (Mon-Sat) 8:00-2:00 (Sunday)

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Hopkins Laboratories

Home Collection Facilities Available
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Ultrasound, Color Doppler,
Digital X-Ray, ECG, EEG, EMG
NCV, ECHO, CT SCAN, MRI

LABORATORY REPORT

PATIENT NAME	: PAYAL KUMARI	AGE:03 Yrs.	SEX: F
REF. BY.	: AIIMS	REFNo:7948/16	Date: 09.04.2016

BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
UREA	29.3	mg/dl	13 – 45
CREATININE	0.5	mg/dl	0.5 - 1.5

*** End of the Reports***

Lab Tech. Sign.

Dr. SUMERA AMIN
MBBS, DCP
Consultant Pathologist

68 Ist Floor Yousuf Sarai Gautam Nagar Road Near PNB ATM New Delhi-16

Timing : 8:00 (Mon-Sat) 8:00-2:00 (Sunday)

छुट्टी की पर्ची Discharge-Slip

कलावती सरन बाल अस्पताल

Kalawati Saran Children's Hospital

बंगला साहिब मार्ग, नई दिल्ली–110001
Bangla Sahib Marg, New Delhi-110001
दूरभाष / Tel. No. : 23344160, 23344162-65

यूनिट Unit III सी.आर. नं. C.R. No. 30336

नाम Name : Payal

आयु Age : 3y लिंग Sex : F

पता Address : H/U - Baman Pur Distt., Bulandshehr, UP

भर्ती की तारीख : Date of Admission 30/12/15 छुट्टी की तारीख : Date of Discharge 16/1/16

निदान
Final Diagnosis : Stage IV Neuroblastoma

Anthropometry

Wt. at Admission 13.8 kg Wt. at Discharge

Height/Length 102cm Head Circumference

Nutritional Status

Immunisation

BCG ✓

Penta/DPT/OPV 0 1 2 3 B1 B2

Hep. B 0 1 2 3

Measles/MMR/Typhoid

रोग का संक्षिप्त विवरण / Brief Clinical History & Examination :

c/o . Lt sided neck swelling x 5 mnth
fever - 1½ mnth.
cough
difficulty in breathing] x 1 mnth
decreased oral acceptance.
wt loss.
swelling over face - 2-3 day.
↓
PE - Audible stridor

Prominent veins upper part of chest

Chest B/L wheeze (+) Lt sided CxR enlarged
↓
? superior vena cava compression syndrome.
L-4cm
CNS . - Lt sided Horner syndrome (+)

जांच / Investigation :

Inv. sheet attached.

Inj monocef
Inj Cyclophosphamide.
given @300mg/m²
Tb allopurinol given
↓
stridor reduced.

c/b/w Dr Jagadish Chandra.

BP >95th centile
↓
Tb Amlodipine started @0.

Inj vincristine given on day 2
↓
Etoposide given @ 60 mg/m²
↓
neck mass reduced

Incisional biopsy done from neck mass

CECT chest | abdomen | neck
- s/o Neuroblastoma
↑
HPE report - Neuroblastoma
Inj MIBG scan s/o metastatic neuroblastoma.

क्रिया गया उपचार / Treatment Given :

- Tb wysolone
- inj monocef
- Retarred c saline.

Inj Cyclophosphamide on Day 1

Inj Methotrexate on Day 2

C/o/w Dr Piyali mam.

↓

Referred to higher centre for further management

छुट्टी के समय परामर्श / Advise on Discharge :

- Tb wysolone (10mg) 1 tab TDS
- Tb Amlodipine 2.5mg OD @ 0.17mg/kg/day.
- Tb Actinac (1 tab = 2mg) TDS ×3 day

- Referred to higher centre (AIIMS) for further after treatment
- Tb Rantac 1/3 tab BD

छुट्टी के बाद ओ.पी.डी में........... / .... पर सुबह 9.00 बजे कमरा नं. .... में आएं।

छुट्टी के बाद..स्पेशल क्लिनिक में 2.00 बजे कमरा नं. .... में आएं।

अगला टीकाकरण..तारीख........................

वरिष्ठ रेजिडेन्ट चिकित्सक के हस्ताक्षर
Signature of Senior Resident

कनिष्ठ रेजिडेन्ट चिकित्सक के हस्ताक्षर
Signature of Junior Resident

क.स.स्वा.चि.-55
K.S.C.H.-55

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name आयु/Age लिंग/Sex अ.रो.प.सं./ In-Pat. Reg. No.	
पिता का नाम/Father's Name एकक/Unit	
पता/Address डॉ. का नाम/Doctor's Name	
राष्ट्र/Nationality धर्म/Rel.	
परिवार सद. सं./F. P. Status	
आय/Income	
आपात/Emergency	
व्यवसाय/ Occupation CGHS फोन सं./Tel No. दाखिला ता. व समय Date and Time of Adm.	
आद्यक्षर/Initials	

तारीख Date	दिनचर्या Daily	इलाज का आदेश Treatment Orders
	post B/L ribs, B/L ramus of mandible, body of sphenoid, basal temporal bone left lateral wall of maxilla, B/L pterygoids epidural soft tissue extension seen in D3 & D7 - D9 vertebrae.	
	Wt 45	Methotrexate 1mg 60mg/m² 35mg. TDS divided

DOPGIPF—621 KSCH/2014—27.03.2015—1,200 Pads of 100 leaves in each

CECT report

Well defined homogenous enhancing soft tissue attenuating mass lesion in central coarse and amp amorphous calcification of size of 10 x 4.6 x 8 cm in superior, posterior, mediastinum extending into anterior, middle mediastinum, left hemithorax along left posterior pleura causing atelectasis of left lung and mild left pleural effusion. It is encasing the trachea and its main branches causing its luminal narrowing, thoracic aorta & its branches, left brachiocephalic vein, esophagus & pulmonary artery.

Descending aorta is displaced anteriorly by prevertebral soft tissue mass. It is abutting SVC, angle of contact 130°, however SVC shows (N) contrast opacification. Abutting thyroid gland - causing anteromedial displacement ~~anteriorly~~ inferiorly extending upto D12 & L-1.

Multiple coalescent heterogenous enhancing lymph nodes seen at level 2, 3, 4, 5 of ~~the~~ left side, right supraclavicular largest measuring 38 x 31 mm at level 2, 3, 4 & ~~si~~ & rt. It is causing anteromedial displacement of ICA & IJV. Multiple similar coalescing ~~retroperitoneal~~ LN seen at pre-aortic, para aortic, aortocaval & retrocaval, peri-pancreatic LNs encasing aorta & left renal vein.

Illdefined lytic sclerotic areas seen involving b/c humoral heads left spine of scapula, D9 to L3 vertebra

DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029

Dept No: 0

Receipt No: ACCOUNTS-9/60772/201516 **[Original]** IRCH No :184013 UHID :101505816
Received From: BABY PAYAL KUMARI ,Age :3 Yrs 1 Mons 25 Days DATED: 29/02/2016
Payment By: Cash Billing Type : General

On ACCOUNT Of

Sl No.	Service Name	Quantity	Rate	Net Amount
1	HOSPITAL CHARGES (IRCH) - DAY CARE	1	60	60

Payment Mode : Cash
RS.: 60.0
Rupees Sixty Only

MR.SURENDER
IRCH

Room No - 1085

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Phones } 26588500 26588700

Dept No: 0

Receipt No.: ACCOUNTS-8/140079/201516 [Original]
Received From: BABY PAYAL KUMARI ,Age :3 Yrs 0 Mons 21 Days
OPD/ MRD No.: 101505816 (OPD)
ON ACCOUNT OF

Dated : 25/01/2016
Patient Type : General
Room No. :

Sl No.	Service Name	Quantity	Rate	Net Amount
1	PATHOLOGY - HISTO PATHOLOGY	1	15	15

16 - 3145

Payment Mode: Cash
INR (Rs.) : 15.0
Rs. in Words Rupees Fifteen Only

MRS.NEERU RAK

DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029

Dept No: 184013

Receipt No: ACCOUNTS-9/61003/201516 **[Original]** IRCH No :184013 UHID :101505816
Received From: BABY PAYAL KUMARI ,Age :3 Yrs 1 Mons 28 Days DATED: 01/03/2016
Payment By: Cash Billing Type : General

On ACCOUNT Of

Sl No.	Service Name	Quantity	Rate	Net Amount
1	HOSPITAL CHARGES (IRCH) - DAY CARE	1	60	60

Payment Mode : Cash
RS.: 60.0
Rupees Sixty Only

शरीरमाद्यं खलु धर्मसाधनम्

MR.LALIT
IRCH

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Phones 26588500 26588700

Dept No: 184013
Receipt No: ACCOUNT-8/19178/201516 [Original]
Received From: BABY PAYAL KUMARI ,Age :3 Yrs 0 Mons 16 Days
OPD/ MRD No.: 101505816 (OPD)
ON ACCOUNT OF

Dated : 26/01/2016
Patient Type : General
Room No. :

Sl No.	Service Name	Quantity	Rate	Net Amount
1	ADMISSION CHARGE - LONG ADMISSION	1	375	375

शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode: Cash
INR (Rs.) : 375.0
Rs. in Words Rupees Three Hundred and Seventy Five Only

MR.BIJENDER

Dept No: 0

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Phones } 26588500 26588700

Receipt No.: ACCOUNTS-8/140057/201516 [Original]
Received From: BABY PAYAL KUMARI ,Age :3 Yrs 0 Mons 21 Days
OPD/ MRD No.: 101505816 (OPD)
ON ACCOUNT OF

Dated : 25/01/2016
Patient Type : General
Room No. :

Sl No.	Service Name	Quantity	Rate	Net Amount
1	PATHOLOGY - HISTO PATHOLOGY	1	15	15

Payment Mode: Cash
INR (Rs.) : 15.0
Rs. in Words Rupees Fifteen Only

MRS.NEERU RAK

DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029

Dept No: 184013

Receipt No: ACCOUNTS-9/1592/201617 [Original] IRCH No :184013 UHID :101505816
Received From: BABY PAYAL KUMARI ,Age :3 Yrs 3 Mons 4 Days DATED: 08/04/2016
Payment By: Cash Bilng Type: General

On ACCOUNT Of

Sl No.	Service Name	Quantity	Rate	Net Amount
1	HOSPITAL CHARGES (IRCH) - DAY CARE	1	60	60

Payment Mode : Cash
RS.: 60.0
Rupees Sixty Only

MR.LALIT
IRCH

JAI KALKA MAI

RETAIL INVOICE / CASH MEMO

+ AMBEY MEDICINE CORNER +

SHOP NO. 37-A/SM, GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE
NEW DELHI-110 029, PHONE : 26193664

CREDIT CARD ACCEPTED

D.L. No. : S(1117)13R, TIN : 07140282762

ALL DAYS OPEN

* 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.	VAT	AMOUNT
1	PARATHS 125MG SYP	UT-01	08/17	5.%	21.00

We Wish You a Speedy Recovery

A AMC C

* RETURNING TIME 3 PM TO 6 PM *

BILL NO. : VAT PAID DATE : 29/01/2016

PATIENT Ms/Mr. : 305576 PAYAL KUMARI

ADDRESS :

Pres. by Dr. : AIIMS

Total OPR: AMAN 21.00

VAT @ 5% @ 4.76 % 1.00

VAT @ 12.5% ON 19.05 0.95

VAT Free

Sign.

Grand Total 20.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Juris_ tion only.

For : AMBEY MEDICINE CORNER

E & O.E.

JAI KALKA MAI

RETAIL INVOICE / CASH MEMO

+ AMBEY MEDICINE CORNER +

* SHOP NO. 37-A/SM GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE
NEW DELHI-110 029, PHONE : 26193664

CREDIT CARD ACCEPTED

D.L. No. : S(1117)13R, TIN : 07140282762

ALL DAYS OPEN

* 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.	VAT	AMOUNT
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	ZYLORIC-100MG TAB.	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	PENTAB-20MG TAB.	[illegible]	[illegible]	[illegible]	[illegible]

We Wish You a Speedy Recovery

A AMC C

BILL NO. : VAT PAID DATE : 29/01/2016

PATIENT Ms/Mr. : 302871 PAYAL KUMARI

ADDRESS :

Pres. by Dr. : AIIMS

Total OPR: AMAN 93.33

VAT @ 5% ON 84.21 4.71

VAT @ 12.5%

VAT Free

Sign.

Grand Total 93.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only.

For : AMBEY MEDICINE CORNER

E & O.E.

ORIGINAL

R[illegible] INVOICE/CASH MEMO

[illegible]AI MEDICOS

KIOSK NO.48/S .S.J HOSPITAL NEW DELHI
Ph. 9818896348

Page No: 1

TIN: 07190467324   D.L.No.: [illegible]

CASH MEMO NO.: 199.395   DATE : [illegible]/01/2016
NAME: [illegible]   Pr.By: Dr. AIIMS
ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
1.	10	EACH	INSULIN SYRINGE 40UT	5159707	06/20	5.0	7.14	71.43

Plz Note :- Returning Time 2 PM To 5 PM.

TOTAL AMT:	71.43
Add VAT :	3.57
Net Amt.(R/O):	75.00

Rupees: Seventy Five Only

All disputes are subject to Delhi Jurisdiction.   E.& O.E.
Goods once sold will not be taken back.
NO RETURNING OF CUTTING STRIPS

(Computer Generated Invoice)

JAI KALKA MAI

RETAIL INVOICE / CASH MEMO

+ AMBEY MEDICINE CORNER +

SHOP NO. 37-A/SM, GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE
NEW DELHI-110 029. PHONE : 26193664

CREDIT CARD ACCEPTED   ALL DAYS OPEN

D.L. No. : S(1117)13R.   TIN : 07140282762

★ 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.	VAT	AMOUNT
	[illegible]	[illegible]	02/20	5.0	1250.00

We Wish You a Speedy Recovery — AMC

* RETURNING TIME 2 PM TO 5 PM

BILL NO. : 305438   DATE : 29/01/2016   OPR: AMAN
PATIENT Ms/Mr. : MS
ADDRESS :
Pres. by Dr. : AIIMS
Sign.

Total		1,250.00
VAT @ 5%	ON 1190.48	59.52
VAT @ 12.5%		
VAT Free		
Grand Total		1,250.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only.

For : AMBEY MEDICINE CORNER

JAI KALKA MAI

RETAIL INVOICE / CASH MEMO

+ AMBEY MEDICINE CORNER +

SHOP NO. 37-A/SM, GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE
NEW DELHI-110 029, PHONE : 26193664

CREDIT CARD ACCEPTED

D.L. No. : S(1117)13R, TIN : 07140282762

ALL DAYS OPEN

* 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.	VAT	AMOUNT
1	PARATHE 125MG SYP	UT-01	08/17	5.0	21.00

We Wish You a Speedy Recovery — A M C

* RETURNING TIME 1 PM TO 5 PM

BILL NO. : VAT PAID DATE : 29/01/2016 Total 21.00

PATIENT Ms/Mr. : 305576 PAYAL KUMARI

ADDRESS :

VAT @ 5% @ 4.76 % ON 19.05 1.00

VAT @ 12.5% 0.95

Pres. by Dr. : AIIMS

VAT Free

1. No Return, No Exchange
2. All Disputes are subject to Delhi Juris. Sign. Grand Total 20.00

E.&O.E.

For : AMBEY MEDICINE CORNER

JAI KALKA MAI

RETAIL INVOICE / CASH MEMO

+ AMBEY MEDICINE CORNER +

SHOP NO. 37-A/SM GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE
NEW DELHI-110 029, PHONE : 26193664

CREDIT CARD ACCEPTED

D.L. No. : S(1117)13R, TIN : 07140282762

ALL DAYS OPEN

* 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.	VAT	AMOUNT
1	NARELINE-2MG TAB.	[illegible]	06/17	5.0	[illegible]
10	ZYLORIC-100MG TAB.	[illegible]	08/18	5.0	[illegible]
6	ONLIF 2.5 MG TAB	[illegible]	08/16	5.0	[illegible]
10	PENTAB-20MG TAB.	[illegible]	07/17	5.0	[illegible]

We Wish You a Speedy Recovery — A M C

BILL NO. : [illegible] DATE : [illegible] Total

PATIENT Ms/Mr. : 302871 PAYAL KUMARI

ADDRESS :

VAT @ 5% 89.90

VAT @ 12.5% ON 64.21 4.71

Pres. by Dr. : AIIMS

VAT Free

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only. Sign. Grand Total 89.00

E.&O.E.

For : AMBEY MEDICINE CORNER