



18

19



Jan Satevni Trust



सं०
No.:- 0869789

प्ररूप संख्या-5
Form-5



बिहार सरकार

Government of Bihar

योजना एवं विकास विभाग

(DEPARTMENT OF PLANNING AND DEVELOPMENT)

अर्थ एवं सांख्यिकी निदेशालय

DIRECTORATE OF ECONOMICS AND STATISTICS



बिहार सरकार

जन्म प्रमाण-पत्र

BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा-12/17 तथा बिहार जन्म और मृत्यु रजिस्ट्रीकरण नियमावली, 1999 के नियम 8/13 के अन्तर्गत जारी किया गया।)

(Issued under Section-12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Bihar Registration of Births and Deaths Rules, 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल जन्म अभिलेख से ली गई है, जो कि (स्थानीय क्षेत्र) गाँव

तहसील (अंचल/प्रखंड) गाँव

जिला गाँव

राज्य बिहार के रजिस्टर में उल्लिखित है।

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) गाँव of tahsil गाँव of district गाँव of state Bihar.

नाम/Name आश्विन कुमार लिंग/Sex पुरुष

जन्म तिथि/Date of Birth 03.11.2016 जन्म स्थान/Place of Birth गाँव अमरावतगाँव

माता का नाम/Name of Mother सुनीता देवी

पिता का नाम/Name of Father अशोक कुमार

बच्चे के जन्म के समय माता-पिता का पता/
Address of Parents at the time of birth of the child गाँव-वेला अमरापुर
जिला गाँव

माता-पिता का स्थायी पता/
Permanent address of the Parents

गाँव-वेला अमरापुर
जिला गाँव

पंजीकरण संख्या/Registration No. 9912 पंजीकरण तिथि/Date of Registration 03.11.2016

टिप्पणी/Remarks (if any)

जारी करने की तिथि/Date of Issue 04.11.16

प्राधिकारी का हस्ताक्षर/Signature of the issuing authority

रजिस्टर (जन्म-मृत्यु)

प्राधिकारी का पता/Address of the issuing authority

मोहर/Seal

“ प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें/Ensure registration of every birth and death ”

FDA

सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029

संजं०अ०-11
S.J.H.-11

विवरण-पत्र
CASE-SHEET

संख्या No.	नाम Name	पुरुष/स्त्री Sex	जाति Caste	आयु Age
	व्यावसाय Occupation	पता Address		
	प्रवेशन तिथि Date of admission			
वर्ष Year	उन्मोचन तिथि Date of discharge			
	रोग Disease			आहार DIET
दिनांक Date	परिणाम Result			

~~Dr. Sandeep Aggarwal~~

To.

ANMS,

Dr. Sandeep Aggarwal,
ward AB 5.

This pt of (L) ailm tumor with thromboses
extending upto (R) aorta has been referred to you. The
fee card has been discussed with you telephonically
by Dr. Samir Acharya. kindly review the pt and proceed.

②

DR. SAURAV
SENIOR RESIDENT
Dept. of Paediatric Surgery
Safdarjung Hospital
New Delhi

Department of Pediatric Surgery
VMMC Medical college & SJH Hospital, New Delhi 110029
Wilms' Tumor regime DD 4A (NWTS-5)
For stage III/IV FH & II- IV focal anaplasia

Patients name Aryan Age/sex _____
IRCH No. _____ Paed (S) No. _____ Histology No. _____

Stage III/IV Histology FH/ Anaplasia (focal/diffuse)
Why Stage III or IV _____

DD 4A: ACD- Week 0,6,12,18 and 24
Road map VCR- Week 1,2,3,4,5,6,7,8,9 and 10
VCR*- Week 12,15,18, 21, and 24
ADR- Week 3 and 9
ADR*- Week 15 and 21

Guidelines:

1. Day of nephrectomy is considered day 0.
2. Babies < 12 months should receive ONE-HALF of the recommended dose of all chemotherapeutic agents. Full dose should be given when the child is > 12 months of age.
3. Stage III FH and stage II-IV anaplastic should undergo nephrectomy, tumor bed irradiation and regimen DD 4A.
4. Stage IV FH undergo tumor bed irradiation according to the stage of the renal tumor, bilateral pulmonary, hepatic irradiation as indicated and regimen DD 4A.
5. Tumor bed irradiation is to start as soon as possible post-operative (once the patient is stable and there is no ileus). Administration of VCR should continue during the RT.
6. For children < 18 months of age whole thoracic RT should only be given if resolution of lung lesions does not occur within 4 weeks of therapy.

Drug doses and administration

Dactinomycin (ACD): 45µg/kg/dose IV push (maximum dose – 2.3 mg), beginning within 5 postoperative days (week 0). The dose will be 1.35mg/m² IV push for all patients who weigh more than 30 kilograms, but no single dose to exceed 2.3 mg. The dose of ACD administered at 6 week should be decreased by 50% if whole lung or whole abdomen radiation has been given.

Vincristine (VCR): 0.05 mg/kg IV push (maximum dose – 2.0 mg), beginning day 7 post-operatively, i.e. week 1. The dose of VCR is 1.5mg/m² IV push for all patients who weigh more than 30 kilograms, but no single dose to exceed 2.0 mg.

Vincristine (VCR*): 0.067 mg/kg IV push (maximum dose – 2.0 mg). The dose of VCR is 2.0mg/m² IV push for all patients who weigh more than 30 kilograms, but no single dose to exceed 2.0 mg.

Doxorubicin (ADR): 1.5mg/kg IV push. The dose is 45mg/m² IV push for children who weigh more than 30 Kg. The dose given immediately after whole lung RT is to be reduced by 50%.

Doxorubicin (ADR*): 1.0mg/kg IV push. The dose is 30mg/m² IV push for children who weigh more than 30 Kg.

Septran: 5mg/kg/day PO. in two divided doses on Monday/Tuesday/Wednesday each week till 6 months after ending of therapy.

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE
 अ.भा.आ.सं., नई दिल्ली-110029 / AIIMS, New Delhi-110029

एम.आर.-3 जनरल हिस्ट्री
 M.R.-3 General History

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यूएचआईडी नं. UHID No.
ARIYAN	44	Internist Male	15/6/24	105439433
प्रोफेसर इंचार्ज Professor/IC	Prof. A. K. Biser			Notes written by..... Jaydeep.....

CLINICAL NOTES

WE = 13kg

D = WILMS TUMOUR LEFT KIDNEY (Post DD4A chemotherapy) /
 large IVC tumour extending into RA

So.

As advised by Pre-anesthetic therapy

Plan - left Wilms tumour ~~resection~~ ^{Excision} + IVC & RA tumour
 removal.

[Signature]

BLOOD BANK, CNC, AIIMS, ANSARI NAGAR, LICENSE NUMBER: 1204/87
Request for Blood/Blood Component



Requisition No: 5818/2021 ,dated: 14/06/2021 , 4:36:PM

Req No.:-5818/2021

UHID :105439433

Requisition Type : **Routine**

Blood Group : **NA**

Name of Patient (in Block letters) : **ARYAN ARYAN** Age/Sex : **4 years 7 months 7 days** **Male**

Father's/Husband's Name : **Opinder Kumar**

Blood Type : **Normal**

Doct. Incharge :

Ward/Bed No : **AB5/ 19**

Requisition sent on : **14/06/2021**

at : **4:36:PM**

Blood required on : **15/06/2021**

at : **8:0:AM**

Diagnosis : **LEFT WILMS TUMOUR**

History of Previous Transfusion : **No Previous Record for this UHID**

PT : **NIL**

APTT : **NIL**

Plt.Count(/ml) : **NIL**

HB(gm/dl) : **8**

FFP	Random Plt conc
2*200 m.l	2*70 m.l

RECEIVED IN BLOOD BANK BY

Informed consent for transfusion has been obtained

Date Time ::

Seal & Signature

Patient's Blood Group ::

Request By **KANMANIYAN**

Tested By ::

S.No.	Blood Unit No.	Blood Group	Cross matched by	Quantity	Issued By	Date & Time Issued	Received By

**Department of Cardiothoracic & Vascular Surgery
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

Name ARYAN Age 44 Sex M
 Ward AB5 Bed AB19 C.R.No H-2269 CTVS No 34-21

INFORMED CONSENT

I, the undersigned understand that my Son is suffering from Wilms tumor of left kidney extending to IVC & Right atrium for which he requires surgery. I have been explained by the doctors of the C.T.V.S. Department that he has to undergo left Wilms tumor resection. I understand that this procedure carries a 5-10 % risk to life. In (Operative Procedure) + IVC & RA tumor removal addition I understand that this procedure will be conducted under cardiopulmonary bypass because of which there may be postoperative complications like bleeding for which reoperation may have to be performed, prolonged unconsciousness, neurological, liver, lung, and kidney complications and infection.

I have fully understood the above risks and despite these I give my fully unconditional consent for the operation of ARYAN

(Patient's Name)

Date 14/06/2021

① Risk of Bleeding.

OPINDER KUMAR

(Signature)

Explained By SR CTVS

② Risk of Renal & Hepatic dysfunction.

OPINDER KUMAR

(Name in Capitals)

③ Risk of neurological deficit

④ Risk of prolonged ICU stay

FATHER

Relationship

⑤ Risk of prolonged ventilator support and need for tracheostomy

⑥ Risk of Reoperation.



(Signature)

Dr. B. Kanmaniyan

(Name of Doctor)



CARDIO-THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

Date : 29.5.21

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती ARYAN
 Age/उम्र 34 Sex/लिंग M CV No. / CTVS No./सीवी संख्या/सीटीवीएस संख्या UHD-105439
 UHID No./यूएचआईडी संख्या. 105439433
 Nature of Disease / रोग का नाम Wilms Tumor EIVC & RA further exst
 Nature of Surgery/Procedure required / सर्जरी/प्रक्रिया की आवश्यकता Tumor Sxistom f Res
 Units of Blood required for operation / ऑपरेशन के लिए आवश्यक रक्त की यूनिट 20 for NCR
 Package charges for Surgery/Procedure / सर्जरी/प्रक्रिया के लिए पैकेज शुल्क 40,000 under CF

The above mentioned amount must be deposited in advance by bank draft/Electronic transfer drawn in favour of "AIIMS CT PATIENT'S ACCOUNT" / "AIIMS ANGIOGRAPHY PATINET'S ACCOUNT".
 (A/c No.10874584258, IFSC Code : SBIN0001536) (for CTVS Surgical Patients)
 (A/c No.10874584269, IFSC Code : SBIN0001536) (for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपर्युक्त राशि को नीचे दिए गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए।

"एम्स सीटी पेशेंट अकाउंट"
 (A/c No.10874584258, IFSC Code : SBIN0001536)
 (सी.टी.वी.एस. सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"
 (A/c No.10874584269, IFSC Code : SBIN0001536)
 (कार्डियोलॉजी मरीजों के लिए)

अनुमानित व्यय सीजीएचएस / ईएसआई / सरकार स्वायत्त संस्था और उनके लाभार्थियों तथा कर्मचारियों के लिए मान्य होगा। यह राष्ट्रीय आरोग्य निधि, प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिए भी लागू होगा।

For any query related to package charges/money deposition, please contact Accounts Section Room No. 105 (Basement, C.N. Centre)

ज शुल्क / रुपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न. 105 (मेंट, सी.एन. सेंटर) में संपर्क करें.

Dr. A.K. Bisoi
 Professor
 Department of C.T.V.S.
 C.N. Centre, A.I.I.M.S.,
 Ansari Nagar, New Delhi-29
 (Signature & rubber Stamp of Consultant)

DEPARTMENT OF RADIODIAGNOSIS
VMMC & SAFDARJUNG HOSPITAL
NEW DELHI

SJH-593

Patient's Name: Arjan
Sex: M/F M Date: 25/5/21 Age: 34
OPD/MRD/C.G.H.S. No: 902/6

ULTRASOUND ABDOMEN II

- Liver is normal in craniocaudal span and echotexture. No focal lesion is seen. Intra hepatic biliary radicles are not dilated. *11.5 cm*
- Gall Bladder is ~~not~~ *partially* distended. Lumen is echo-free and wall thickness is normal.
- Common Bile duct is normal in course and caliber.
- Portal vein is normal in course and caliber.
- Pancreas is normal in size. Shape and echo pattern.
- Spleen is normal in size and echotexture. No focal lesion. *7.2 cm size*
- ~~Both~~ *Right* kidneys are normal in size, shape, position, and echotexture. Corticomedullary differentiation is well maintained. No calculus or hydronephrosis. *RK → 7.5 x 3.4 cm*
LK → echogenic heterogeneous solid
- Both ureters are not dilated.
- No evidence of any retroperitoneal lymphadenopathy. *cystic mass of size 8 x 7.1 x 7.2 cm at lower pole. Well circumscribed as mild internal vascularity on colour doppler. Intralésional calcifications seen. Rest of renal parenchyma appears*
- No free fluid is seen in abdomen.
- No evidence of any dilated bowel loops/abnormal target.
- Urinary Bladder is ~~partially full~~ *minimally* normal in distention and wall thickness. Lumen is echo free.

Impression *In a K/c of Wilms' tumour, current imaging finding suggest echogenic heterogeneous solid cystic mass at lower pole of left kidney as described*

Jay Dr. Joyntal (SR) Radiologist
Dr. Dapharika (PGD)
Dr. Gurtej (PGI)

**DEPARTMENT OF PEDIATRIC SURGERY
SAFDARJUNG HOSPITAL, NEW DELHI**

(Ward 19)
DISCHARGE SUMMARY

Name	ARYAN
Age	3 years
Sex	M
UHID No	2021-0215236
MRD No.	27449
DIAGNOSIS	Left Wilms tumour
PLAN	<ul style="list-style-type: none"> • Chemotherapy for 24 weeks • CECT Abdomen and pelvis with chest after 8 weeks of chemotherapy • Repeat USG Doppler and USG W/A and pelvis after 8 weeks (25/05/21) • USG Doppler – 22/05/21
Mobile Number	8178207402

Date of admission	17/05/21
Date of Chemotherapy	<u>17/05/21(WEEK 7)</u>
Date of 1st chemotherapy	<u>26/03/21</u>
Chemotherapy regimen	<u>DD4A regimen</u>
Date of Discharge	17/05/21
Address	<u>Paschim vihar New Delhi</u>

CASE SUMMARY: Presented with main C/O Mass left Flank first noted 10 days back by parents, No H/o hematuria or other pressure symptoms. No H/o weight loss, anorexia. O/E left Lumbar mass- firm to hard, bimanually palpable, ballotable, non-mobile, crossing midline- ?Right WT suspected
Child has come for week 5 chemotherapy with no complaints of fever, vomiting.

USG W/A(19-3-21)-Heterogeneous well encapsulated mass in left Renal fossa 11.9x11.3 cm in size- extending retroperitoneum up to midline Possibility of WT, Neuroblastoma

USG Doppler(26-3-21)- Echogenic thrombus in left renal vein with IVC extending up to cavo-atrial junction with internal vascularity

CT Abdomen and thorax(24-3-21)- large heterogeneous mass in left kidney crossing midline with displacing adjacent structure with thrombus in left renal vein, IVC till right atrium

Heterogeneous nodes in left renal hilum, retroperitoneum and mediastinum
No solid organ or lung deposit

Tumor biopsy (31/3/21)- specimen sent on 30/04/2021. Reports awaited

Investigations: Hb 10.8, TC 12730, plt 436000
Rat- NEGATIVE

Treatment Came for week 7 on chemotherapy

Condition at discharge satisfactory, child taking full orals, no fresh complaints

Advice on discharge

- **Laminare discharge summary**
- Syp Septran 5 ml OD x contd
- Syp Tonoferon 5 ml OD x contd
- Syp Rantac 5ml OD x contd
- Syp B complex 5ml OD x contd
- Syr emeset 2ml OD X continued
- To collect biopsy reports from Pathology dept, college building (done on 30/05/2021)
- CECT ABDOMEN AND CHEST on 21/05/2021
- USG abdomen - 25/5/21
- Usg abdomen Doppler on 26/05/2021

Follow up:

1. Come to Ward 19 on 19/5/21 at 8 am for COVID RT PCR test needed for the radiological investigations.
2. Follow up in OPD 368 on 24/5/21 with registration paper for week 8 chemotherapy.

Saurav

Dr Saurav
(Senior Resident Pediatric surgery)

DEPARTMENT OF RADIODIAGNOSIS
VMMC & SAFDARJUNG HOSPITAL
NEW DELHI

SJH-593

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

स. जं. अ. -178
S.J.H.-178

4

रोगी का नाम
Name of Patient

Aryan

आयु
Age

4y

स्त्री/पुरुष
Sex

MC

वार्ड
Ward

19

चारपाई संख्या
Bed No.

यूनिट
Unit

मासिक आय
Monthly Income

₹.
Rs.

भेजने वाले
Referred by

Paed/s

ओ.पी.डी. नं./चि.वि. संख्या
OPD No./MRD No.

22216

सी.जी.एस.ए. टोकन नम्बर
CGHS Token No.

किस अंग विशेष की जांच होनी है
Exact part to be examined

USG Doppler 12/4/21

संक्षिप्त रोग संबंधी नोट
Short Clinical Notes

रोग संबंधी निदान
CLINICAL DIAGNOSIS

clo. @ Wilms tumor
Fluc @ renal

Dr. Varsha M. Totadri
Senior Resident

Department of Paediatric Surgery
VMMC and Safdarjung Hospital
New Delhi-110029

पद
Designation

एक्स-रे नम्बर
X-RAY No.

ली गई फिल्म का केंद्र संख्या (वि.सं.) जांच के लिए दिखाने
No. and size of films

टेक्नीशियन
Technician

1. सुवर्ण 9 बजे खाली पेट आना है।
2. दोपहर 2 बजे पेशाब रोकना शुरू आना है।
3. दोपहर 2 बजे आना है।
4. ...
5. ...
6. ...

Child NOT
COVID suspect

Highly relate to
OP or after
21.5/21

OIC, GIPRB, ND-206S/JH/10,000 Padsx100-2017

Dr. Varsha M. Totadri
Senior Resident
Department of Paediatric Surgery
VMMC and Safdarjung Hospital
New Delhi-110029

एक्स-रे विशेषज्ञ
Radiologist
Dr. Varsha M. Totadri
Senior Resident
Department of Paediatric Surgery
VMMC and Safdarjung Hospital
New Delhi-110029

mention what dopple
22-05-21
9:00 AM. Shy

Impression

exophytic heterogenous solid cystic mass
at lower pole of left kidney as described

Jy
Dr. Joyntal (SR)
Dr. Dhanesh (PG)
Dr. Gurty (PG)

Heterogeneous nodes in left renal hilum, retroperitoneum and mediastinum
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Saurav

Dr Saurav
(Senior Resident Pediatric surgery)

8178207402

11654 24/3 45

1788/21
S.J.H. 172

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	चारपाई संख्या Bed No.	यूनिट Unit	मासिक आय Monthly Income
Aryan	4y	M	19			Rs. covered taken

भेजने वाले Referred by	ओ.पी.डी. नं./चिकित्सा संख्या OPD No./MRD No.	सी.जी.एच.एस. टोकन नम्बर CGHS Token No.
Paediatric Sx	18537	

किस अंग विशेष की जांच होनी है Exact part to be examined	तारीख Date
CECT Abd + Pelvis	20/3/21

संक्षिप्त रोग संबंधी नोट
Short Clinical Notes

Case of @ Wilms
t CT chest

रोग संबंधी निदान
GLINKAL DIAGNOSIS

Case of @ Wilms
(recently Dsd)

चिकित्सा अधिकारी का हस्ताक्षर
Signature of Medical Officer

Dr. VINAY SHELKE
Sr. Consultant
Department of Pediatric Surgery
VMMC and Safdarjung Hospital
New Delhi-110029

डिजाइनर
Technician

child NOT covered suspect

एक्स-रे की रिपोर्ट
X-RAY REPORT

Kindly provide SARU DATE (this month)
as child has presented acute
ureteric obstruction

Dr. VINAY SHELKE
Sr. Consultant
Department of Pediatric Surgery
VMMC and Safdarjung Hospital
New Delhi-110029

Poorly fixed
free
VMMC
Safdarjung Hospital, New Delhi-29

24/3/21
Dr. Anshu (SR)
Dr. Anshu (SR)

USG room

(40)

स. जं. अ. - 178
S.J.H.-178

एक्स-रे विभाग : सफदरजंग अस्पताल, नई दिल्ली
X-RAY DEPARTMENT : SAFDARJUNG HOSPITAL, NEW DELHI

NGB

रोगी का नाम Name of Patient	आयु Age	स्त्री/पुरुष Sex	वार्ड Ward	चारपाई संख्या Bed No.	यूनिट Unit	मासिक आय Monthly Income
Aryan	4y	M	19			र. Rs.

भेजने वाले Referred by	ओ.पी.डी. नं./चिकित्सा संख्या OPD No./MRD No.	सो.जी.एच.एस. टोकन नम्बर CGHS Token No.
Paediatric Sr	18537	

किस अंग विशेष की जांच होनी है Exact part to be examined	तारीख Date
USG guided Bx from Wilms tumor	20/3/21

संक्षिप्त रोग संबंधी नोट Short Clinical Notes	रोग संबंधी निदान CLINICAL DIAGNOSIS	चिकित्सा अधिकारी के हस्ताक्षर Signature of Medical Officer
	Cause of acutely died Wilms tumor to acute renal ectatic	Dr. VINAY SHELKE Senior Resident Department of Pediatric Surgery VMMC and Safdarjung Hospital New Delhi-110029 SR

एक्स-रे नम्बर X-RAY No.	ली गई फिल्म का नम्बर और आकार No. and size of films :

टेक्नीशियन Technician	एक्स-रे की रिपोर्ट X-RAY REPORT
Kindly get CT scan done first	Child not could suspect Kindly provide ERU lab

OIC, GIPRE, ND-2065, JH10, 000 Padsx100-2017

Dr. VINAY SHELKE
Senior Resident
Department of Pediatric Surgery
VMMC and Safdarjung Hospital
New Delhi-110029