







उत्तराखण्ड सरकार
GOVERNMENT OF UTTARAKHAND
शिक्षिता स्वास्थ्य एवं परिवार कल्याण विभाग
DEPARTMENT OF MEDICAL HEALTH AND FAMILY WELFARE
सामुदायिक स्वास्थ्य केंद्र चम्बा
COMMUNITY HEALTH CENTER CHAMBA

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तराखण्ड जन्म मृत्यु रजिस्ट्रीकरण नियम, 2003 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTARAKHAND REGISTRATION OF BIRTHS & DEATHS RULES 2003)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि सामुदायिक स्वास्थ्य केंद्र चम्बा तहसील टिहरी जिला टिहरी गढ़वाल राज्य/संघ प्रदेश उत्तराखण्ड, भारत 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 COMMUNITY HEALTH CENTER CHAMBA OF TAHSIL/BLOCK TEHRI OF DISTRICT TEHRI GARHWAL OF STATE/UNION TERRITORY UTTARAKHAND, INDIA.

नाम / NAME: DIYA DABRAL

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:

18-09-2020
EIGHTEENTH-SEPTEMBER-TWO THOUSAND TWENTY

जन्म स्थान / PLACE OF BIRTH:

SUB CHOPRIYAL GAON, POST CHOPRIYAL GAON,
CHAMBA TEHRI, TEHRI GARHWAL,
UTTARAKHAND, 249145

माता का नाम / NAME OF MOTHER:
SUSHMITA

पिता का नाम / NAME OF FATHER:
ANIL DABRAL

आधार नंबर / MOTHER'S AADHAAR NO:

XXXXXXXX8557

आधार नंबर / FATHER'S AADHAAR NO:
XXXXXXXX3121

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
GRAM CHOPRIYAL GAON,
POST CHOPRIYAL GAON, CHAMBA, TEHRI, TEHRI GARHWAL, UTTARAKHAND-249145

माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS:

GRAM CHOPRIYAL GAON,
POST CHOPRIYAL GAON, CHAMBA, TEHRI, TEHRI GARHWAL,
UTTARAKHAND- 249145

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2020: 5-90422-000471

पंजीकरण तारीख / DATE OF REGISTRATION:
14-10-2020

टिप्पणी / REMARKS (IF ANY):
NO REMARKS

जारी करने की तिथि / DATE OF ISSUE:
14-10-2020

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
सामुदायिक स्वास्थ्य केंद्र चम्बा
COMMUNITY HEALTH CENTER CHAMBA

UPDATED ON:
14-10-2020 13:47:45



14/10/2020
रजिस्ट्रार,
जन्म मृत्यु
सामुदायिक स्वास्थ्य केंद्र
चम्बा, टिहरी गढ़वाल

* THIS IS A COMPUTER GENERATED CERTIFICATE. *
* THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES.*

* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *



All India Institute of Medical Sciences Rishikesh

Provisional Discharge Report

UHID : 20210037233

Name: DIYA

Age/Sex: 0 Years 6 Months 10 Days 0 Hours / Female

Address: CHAMBA, ANA, NEW TEHRI, UTTARAKHAND, INDIA

Phone: *****152

Date of Admission: 10/04/2021 10:14:41 AM

Date of Discharge : 19/04/2021 9:12

Discharge Type : Normal Discharge

Cr No:

Department: Pediatric

Unit: 2

Drug Allergy, if any :-

Diagnosis: Inborn Error Of Metabolism
? Organic Aciduria -Isovaleric acidemia, Propionic acidemia
? Mitochondrial disease

ICD Code:

Admitted For: : COUGH AND COLD x 5 DAYS FEVER x 5 DAYS BREATHING DIFFICULTY x 2 DAYS DECREASED URINE OUTPUT x 1 DAY POOR ORAL INTAKE x 1 DAY

Physical Findings: General Exam :- Systematic Exam :- Local Exam :-

Brief Summary of the Case:

The child presented to emergency with above mentioned complaints, relevant investigations were sent.

1) METABOLISM:

- a) Hypoglycemia: At admission, RBS was done, revealed RBS- 40 mg/dl, hence D10 @5ml/kg given. Post D10 Bolus RBS was 118 mg/dl and later RBS was maintained within normal limits.
- b) Metabolic acidosis: High anion gap metabolic acidosis seen. Urine for ketones were sent for moderately positive +2 with high lactate, hence the possibility of organic acidemia or Mitochondrial disorders were kept as differential diagnosis. Received bicarbonate correction with 6 hourly monitoring of ABG. In view of suspicion of Mitochondrial disorders Thiamine, Carnitine, Riboflavin, Co Q, Pyridoxine, Biotin, Leucovorin were started. As acidosis persisted, Nodosin dose was increased to @4meq/kg/day. At present acidosis is resolved, so nodosis is stopped. Plan was to send Clinical exome sequencing but parents denied.
- c) Anemia: CBC revealed Bicytopenia, hence the possibility of Organic Acidemia was kept. Baby received 2 units of PRBC and started on VITB12, FA supplements.

2) AIRWAY: On admission, I/V/O RD (increased RR, Nasal flaring, retractions) child was kept on NIV with (PIP-8, PEEP-5, Fio2-50%, Ti-0.7 seconds) on admission day1, later shifted to Venti CPAP. On day-5 of admission shifted to room air, since then the child is maintaining saturation at room air.

3) CIRCULATION and NUTRITION: Initial kept on D10 later shifted to DNS as RBS levels were within normal limits. NG feeds were

Chief complaints: COUGH AND COLD x 5 DAYS
FEVER x 5 DAYS
BREATHING DIFFICULTY x 2 DAYS
DECREASED URINE OUTPUT x 1 DAY
POOR ORAL INTAKE x 1 DAY

HOP: 7 month old baby born out of non-consanguineous marriage presented with cough and cold for 5 days, fever for 5 days, undocumented, not associated with rigor, h/o breathing difficulty for 2 days inform of chest indrawing. Decreased urine output for 1 day. There is also h/o poor oral intake h/o regurgitation of feed since birth, less activity and lethargic since birth. No h/o abnormal body movements, any bleeding manifestation, altered sensorium. no h/o TB contact, no h/o prior hospitalization.

Past history: No h/o previous hospitalisation

Family history: Not significant.

Birth history: full term/ Normal vaginal delivery/ cried immediately after birth/ no history of NICU stay, h/o oligohydramnios at the time of delivery

Developmental history:

Gross Motor: neck holding absent

Fine motor: No bidextrous reach

Social: Social smile absent

Language: no cooing

Immunization history: Immunized as per age. (Documents not available)

Nutritional history: exclusive breast feeding, complementary feeding not yet started.

GENERAL PHYSICAL EXAMINATION: sick

Pallor present, no icterus, no cyanosis, no clubbing, no Pedal edema, no lymphadenopathy.

Anthropometry:

Weight: 6 kg (-1 to -2 S.D.) **Height:** 59 cms (-2- -3 sd.) **HC:** 39 cm (< -3 sd)

VITALS: 120 Pulse: /min, Respiratory rate: 54 /min, 97.8-Temperature, BP: 100/83mm Hg

SPO2: 100% with NIV

Dehydration present - depressed fontanelle

Dry tongue

Delayed skin pinch

Respiratory system: B/L air entry symmetrical. B/L NVBS heard, normal b/l chest movements, Subcostal and intercostal retraction present, nasal flaring present

Abdomen: flat, non distended, No peristalsis/abnormal dilated veins seen, abdomen is soft non tender, liver palpable below 3cm right costal margin. Bowel sounds present

CVS: Precordium normal, S1, S2 present, no murmur heard.

Nervous system: sick, lethargic. No signs of raised ICP or meningeal signs.

9/4/21 - blood group - B Rh(D) positive
 10/4/21 - urine examination routine yellow turbid, ph
 - 5, 2-4 pus cell, RBC- 50 RBC/ul
 Procalcitonin - 1.33
 11/4/21 - serum ferritin - 2535.3
 Serum iron- 74.2
 LDH - 837.1
 VITAMIN B12 - >2000
 AMMONIA, SERUM - 122
 AB SCREENING AND DAT SCREENING - Negative

Blood c/s -sterile
 MRI Report awaited.

Condition at discharge: PATIENT IS HEMODYNAMICALLY STABLE

Advise at discharge:

1. TAB FOLINIC ACID 15MG PO BD to continue.
2. TAB THIAMINE 100MG PO OD
3. TAB PYRIDOXINE 40MG 1 tab tds -
4. TAB MECOBALAMIN 1000 Mcg PO OD.
5. CAP VITAMIN E(200 IU) 1 CAP PO OD
6. TAB BIOTIN 10MG PO OD
7. CAP COENZYME Q 30MG OD
8. TAB RIBOFLAVIN 10MG TDS
9. TAB FOLIC ACID 5MG OD
10. SYP LEVOCARNITINE (500MG/5ML) 1.5ML BD
11. SYP CALCIUM D3 (250MG/5ML) 3ML BD
12. Warning signs explained.
13. Immunization as per NIS Schedule.

Follow up advice: Follow up in Pediatric Neurology Clinic on Tuesday/Friday at 2pm after 2 months.

Plan to send clinical exome sequencing in follow up.

To collect MRI report on follow up.

Prepared by: Junior resident

Checked by: Senior resident

Consultant incharge: Dr. Indar Kumar Sherawat/ Dr. Prateek Kumar Panda

⇒ Kindly file MRI - report

- Syp Pen (25/125) 4ml bid

- Syp maxtra - 2.5ml bid

Motor system - tone decreased

Power: more than 5 in all the limbs

Reflexes: knee - 3+ in b/l lower limb, ankle reflex - 2+ in b/l lower limb

Cranial Nerve examination: CN - 1: not elicited
CN - 2: pupil reacting to light; visual acuity - grossly normal
CN - 3,4,6: extraocular movements present in all directions.
CN - 7: no facial deviation or drooling of saliva
CN - 8: grossly normal, no hearing problem
CN - 9: not elicited
CN - 10 and 11: not elicited
CN - 12: no tongue deviation or fasciculations

Course during Hospital stay: The child presented to emergency with above mentioned complaints, relevant investigations were sent.

1) METABOLISM:

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3) CIRCULATION and NUTRITION: Initial kept on D10 later shifted to DNS as RBS levels were within normal limits. NG feeds were started and gradually built up and IVF was stopped. At present As child is tolerating feeds well without any respiratory distress hence shifted to Oral feed.

3) SEPSIS: I/v/o S/O Sepsis (Fever spikes) child was started on ceftriaxone and i/v/o Deranged LFT, later changed to cefotaxime. Metronidazole single dose given to cover Gut sterilization. As sepsis screen came negative with sterile blood culture, so antibiotics were stopped.

4) COAGULOPATHY: PT/INR deranged so received VIT K for 3 days. There is no bleeding manifestation.

5) AKI: Child had pre -renal AKI but Urine output was normal throughout the hospital course. On acute management of dehydration and acidosis, RFT was gradually on improving trend.

Current Functional Status: At present child is hemodynamically stable with no fevers spikes

CLINICAL PATHOLOGY

URINE EXAMINATION ROUTINE

Colour LT:Yellow
Appearance clear
Volume 20 mL

CLINICAL EXAMINATION

Specific Gravity ≤ 1.005 1.010 - 1.025
pH 5.0 5.0 - 6.0
Albumin -neg
Glucose -neg
Bile salt -neg
Ketones -neg
Urobilinogen +norm
Nitrite -neg

MICROSCOPIC EXAMINATION

Pus cells 1-2
R.B.C. Absent
Epithelial Cells 1-2
Casts Absent
Crystals Absent

Interpretation Chart:

Jan Sanjeevani Trust

Verified By:
Dr. Kavya
Junior Resident
Dept. of Pathology

TERMS AND CONDITION

1. The lab does not own the responsibility regarding the authenticity of sample requested for investigation.
2. In case of any discrepancy of the results the same should be brought in notice to lab within 24 hours from sample receiving in lab.
3. This report is not valid until signed (manually or digitally) by Pathologist/Microbiologist/Biochemist on duty.
4. Please refer to the mentioned Biological Reference Interval in report. These may vary from lab to lab due to difference in methods.

with no episode of hypoglycemia with no signs of dehydration , with normal blood gas values and accepting feeds well and passing urine and stools regularly , hence being discharged with follow up advice .

Date:	9/4/21	10/4/21	11/4/21	12/4/21	13/4/21
Hb (gm/dl)	1.086 g/dl	10.97			
TLC- (cells/mm ³)	9.47	6.889			
DLC(N/L/M/E/B)	36.24/59.9/ 3.155/ 0.0408/ 0.66	46.39/45.26/7. 62 0.0179/ 0.7156			
RBC mill/mm ³	0.6406	3.635			
Hct. (%)	6.709	34.25			
MCH(pg)/ MCV(fl)/MCHC (gm/dl)	16.95/ 104.7/ 16.18	30.18/ 94.22/ 32.03			
Platelets (thousands/ mm ³)	100	50			
Blood Urea/ S creatinine	55.1/0.56		78.6/ 0.95	67.0/1.00	96.1/ 0.52
Na /K /Ca	140.8/ 4.99/ 8.37		159.2/ 2.81/ 7.39	154.3 / 8.54 10.02	157.5/ 3.33/ 7.55
S.Uric acid / Phosphorus	18.40/ 6.39		20.34/ 3.82	15.14 / 10.10	15.36/ 3.58
TSB/ DSB	1.66/1.03		1.67/ 1.05		
SGOT /SGPT	170.3/ 82		460.2/ 360.8		
ALP/GGT	293.7/ 25.8		309.8/ 26.5		
Protein/Albumin	5.60/ 3.99		4.70/ 3.48		
PT/INR				27.8/ 2.12	

Other Investigations: Other Investigations:



All India Institute of Medical Sciences Rishikesh

UHID:20210037230



CONSULTING ROOM NO: Floor
CLINIC: Emergency - TORAN 501-84
DAY: MON, TUE, WED, THU, FRI, SAT

509900591961

OUT PATIENT RECORD



EHR ID :21000256016203506

Name: MRS. SUSIMITA
Department: Emergency
Dept No.: 2021/083/0047386
Date of Registration: 09/04/2021 08:24:44 PM
Unit: 1
Billing Type: GENERAL
Mobile No.: 999991122

Fees: ₹ 10
Sex: Female
W/O: ANIL DABRAL
Age: 26Y
Email:
Occupation: OTHER

Address: CHAMBA ANS NEW TEBRI, UTTARAKHAND, INDIA

Patient Type: MON MLC Prepared
By: Dr. Sandeep Shah

Jan Sanjeevni Trust

स्वास्थ्य ही धनमय है, सड़गी को दूर भगाना है



KRISHNA DIAGNOSTICS

(Fully Computerised Pathology Lab)
Under Bishamber Dutt Vikas Samiti (Regd. 020/2017-18)

MEDICAL LABORATORY REPORT



Reference Lab
Near Krishna Restaurant, Koyal Ghati
AIIMS Road, Rishikesh 249201
Mob.: 9068184163, 8864961842
Email: rayal1981@gmail.com

Name	Baby DIVYA	Srl No.	23	Patient Id	2104110023
Date	11/04/2021	Age	07 Mn.	Gender	Female
Ref. By	AIIMS				

TEST NAME	OBSERVATION	UNIT	REFERENCE RANGE
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SEROLOGY

AMMONIA

PATIENT'S VALUE = 122.0 ug / dl

NORMAL VALUE :

Plasma Ammonia :- 30 - 86 ug / dl

COMMENTS

AMMONIA IS METABOLIZED EXCLUSIVELY IN THE LIVER THROUGH THE UREA CYCLE ENZYME WHICH CONVERT AMMONIA INTO UREA. TOXIC BUILD UP TO AMMONIA DUE TO DISRUPTION OF THE METABOLISM PRODUCES NEUROTOXIC EFFECTS. ELEVATED SERUM LEVELS OF AMMONIA INDICATE SOME FROM OF LIVER FAILURE.

INCREASED LEVELS

- > CONGENITAL DEFICIENCY OF UREA CYCLE ENZYME
- > ACUTE FULMINANT HEPATITIS
- > REYE'S SYNDROME
- > HEPATIC ENCEPHALOPATHY
- > CIRRHOSIS

सर्वं भवन्तु सुखिनः सर्वे सन्तु निरामयाः
*** End Of Report ***

Report Prepared by
MGR

Thanks For Visit
Regl.No-DRA/CEA/PVT/1337/AUG/2020

DR. SAPNA SINGH
MBBS,MD BIOCHEMISTRY
Ex.S.R. (AIIMS RISHIKESH)
CONSULTANT - LAB MEDICINE
UKMC NO - 8628

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

VEERBHADRA MARG, RISHIKESH, UTTRAKHAND- 249203
24 x 7 x 365 Diagnostic Laboratory, Trauma Center

Date : 17-Apr-2021	Reg/Ref: 20210037233 / 435255	Collected At : 24 HR Emergency Laboratory
Name : MISS. DIYA		Age/Sex : 6 Mths./Female
Ref.By : Dr.	Phone :	Ward : IPD-Pediatric
Receipt : NA		
Requested Test : hb, R/M, CBC		
Coll Time : 17-Apr-2021 12:00 PM	Validate : 17-Apr-2021 06:59 PM	Prn. Time : 17-Apr-2021 10:37 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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HEMATOLOGY

CBC (HB,TLC,DLC), Blood

Total Leucocyte Count (TLC)	28.68		6.00 - 18.00
Differential Leucocyte Count (DLC)			
Neutrophils	43.27	%	
Lymphocytes	42.39	%	
Monocytes	7.772	%	
Eosinophils	4.532	%	
Basophils	2.029	%	
Red Blood Cell Count (RBC COUNT), BLOOD	5.124	mill/mm ³	4.10 - 5.30
Hemoglobin	8.938	g/dL	11.10 - 14.10
HCT	35.56	%	30 - 40
Mean Corpuscular Volume (MCV), BLOOD	69.39	fL	70.00 - 84.00
Mean Corpuscular Hemoglobin (MCH)	17.44	pg	24.00 - 30.00
MCHC (Mean Corpus. Hb Conc.)	25.14	g/dL	30 - 36
RDW-CV (Red cell distribution width)	18.85	%	11.6-14.0
Platelet Count	473.9	thou/mm ³	150.00 - 550.00
MPV	5.971	fL	7.4 - 10.4

NOTE: degenerated sample, kindly send afresh sample for perepheral smear examination to central sample.

BIOCHEMISTRY

KIDNEY PANEL; KFT,SERUM

Urea, Plasma Urease, Sample Type: Serum	67.8	mg/dL	8 - 40
Creatinine, Serum PAP-Enzymatic, Sample Type: Serum	0.51	mg/dL	0.5 - 1.0
ISE	148.5	mEq/L	132 - 140
Sodium, Serum	3.13	mEq/L	3.5 - 5.3
Potassium, Serum	109.8	mEq/L	98 - 107
Chloride, Serum	8.23	mg/dL	8.0 - 10.8
Calcium, Serum Arsenazo, Sample Type: Serum	7.17	mg/dL	2.60 - 6.00
Uric Acid, Serum Enzymatic Colorimetric, Sample Type: Serum			

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

VEERBHADRA MARG, RISHIKESH, UTTRAKHAND- 249203
24 x 7 x 365 Diagnostic Laboratory, Trauma Center

Date : 17-Apr-2021	Reg/Ref: 20210037233 / 435255	Collected At : 24 HR Emergency Laboratory
Name : MISS. DIYA	Phone :	Age/Sex : 6 Mths./Female
Ref.By : Dr.		Ward : IPD-Pediatric
Receipt : NA		
Requested Test : Hb, R/M, CBC		
Coll Time : 17-Apr-2021 12:00 PM	Validate : 17-Apr-2021 06:59 PM	Prn. Time : 17-Apr-2021 10:37 PM

CLINICAL PATHOLOGY

URINE EXAMINATION ROUTINE

Investigation	Observed Values	Units	Biological Ref. Interval
GRADE	+	++	+++
Protein (mg/dl)	30	100	500
Glucose (mg/dl)	50	100	300
Ketone (mg/dl)	16	52	100

Verified By
Dr. Kavya
Junior Resident
Dept. of Pathology

End of report



TERMS AND CONDITION

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3. This report is not valid until signed (manually or digitally) by Pathologist/Microbiologist/Biochemist on duty.
4. Please refer to the mentioned Biological Reference Interval in report. These may vary from lab to lab due to difference in methods.

IN PATIENT REQUISITION SLIP

Room No: _____

Requisition No: OBR/2021/604372

Requisition Date : 17/04/2021 11:07 am

All India Institute of Medical Sciences Rishikesh

Department of --

UHID: 20210037233

MRD No: 84261

Patient Name: Miss. DIYA, (Female), 6 months 8 days

Diagnosis:

Investigation to be done:-

S No.	Investigation Name	Remarks
1	COMPLETE BLOOD COUNT	
2	RFT (RENAL FUNCTION TESTS)	
3	URINE ROUTINE AND MICROSCOPY EXAMINATION	

Dr. Prateek Kumar Panda
Department: Pediatric

Sign Of Consulting Doctor
Ref by Dr. _____

-----Cut Here-----

Jan Sanjeevni Trust

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH

DEPARTMENT OF PAEDIATRICS

Virbhadra road, rishikesh, Uttarakhand- 249203



Name: Diya

Age: 7 MONTH

Sex: FEMALE

UHID:
202100037233

Father Name: ANIL DABRAL

Address: CHAMBA ANA NEW TEHRI, UTTARAKHAND

DOA: 10/04/2021

DOD:19/04/21

CONSULTANT: Dr. Indar Kumar/
Dr. Prateek K Panda

Database: 7 month old female 2nd by birth order born of NCM. Term/NVD with insignificant perinatal history with no significant family history with GDD with microcephaly with Central Hypotonia with Hypoglycemia with RD with HAGMA with Lactic acidemia with Coagulopathy with Dyselectrolytemia(I) with pre renal AKI with Normal Ammonia with no h/o seizure with no hepatosplenomegaly with no dysmorphism

Diagnosis: Inborn Error Of Metabolism

? Organic Aciduria -Isovaleric acidemia, Propionic acidemia

?Mitochondrial disease



All India Institute of Medical Sciences Rishikesh



UHID:20210037233

CONSULTING ROOM NO : 032111

CLINIC: Pediatric Neurology Clinic TOKEN NO: 10

DAYS: WED

VISIT NO : 3

LAST VISIT DATE : 10/04/2021

OUT PATIENT RECORD



EHR ID :21000286016204763

Name : MISS. DIYA

Department : Pediatric

Dept No. : 2021/098/0004145

Date of Registration : 23-06-2021 03:08:16 PM

Unit : 1

Billing Type : GENERAL

Mobile No. : *****152

Address : CHAMBA ANA NEW TEHRI , UTTARAKHAND, INDIA

(RE-VISIT)

Fees : ₹ 10

Sex : Female

DO ANIL DABRAL

Age : 5M 14D

Email :

Occupation : OTHER

PNC - 629/21

Patient Type : NON MLC Prepared By : Ms. Raksha Yadav

DEM - 0A

VITIS

Plan! - (1)

Syp

Mecorew - 2 5ml OD

(2)

T.

Thiamine (10mg) OD

(3)

T.

Folicin (15mg) OD

Patient Consent : I, the holder of the above mentioned mobile number, herewith give my consent to share my electronic health information with "MyHealthRecord", an initiative of Govt. of India. I understand that I can revoke/ withhold this consent through site (<https://myhealthrecord.nhp.gov.in>)

स्वच्छ भारत, स्वस्थ भारत, श्रेष्ठ भारत

NEW SAI MEDICOSE

RAMNAGAR, NEAR AIIMS GATE NO.3 SHIVAJI NAGAR

Phone : +91-7678263039,8851163677

Drug Lic. No. : UA-DEH-100195-96-97-98,20,21&20B,21B

Patient Name : DIYA

Patient Address :

Dr Name : AIIMS

Dr Reg No.

GST No. : 05AHYPB1926D1ZJ

Food License No. :

Invoice No. C0005144

Date 23-06-2021

GST INVOICE

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	RATE	M.R.P.	DIS %	GST%	AMOUNT
1	MECONERV Z SYP 200ML	1*200ML	30	ZA036	7/21	1	250	250.00	0.00	12.00	250.00
2	SHELCAL-SYP	1*1	33	EA0042	10/22	1	114	113.60	0.00	12.00	113.60
3	CARNISURE SYP	30ML	3004	BA0010	4/23	3	204	203.90	0.00	12.00	611.70
4	BENADON 40MG	1*10	30	MH3044	2/24	90	23.1	23.13	0.00	12.00	208.17
5	THI-100	1*10	330	VH-T2401		3	55.0	55.00	0.00	18.00	165.00
6	FOLITAS		30	1911054	10/21	30	43.4	43.36	0.00	12.00	43.36
7	NEUROCON FORTE		30	2343	2/23	30	21.0	21.00	0.00	12.00	63.00
8	H-VII FORTE	1*10	3004	200645	10/22	30	97.5	97.50	0.00	12.00	292.50
9	EVION 200MG TAB	1*10	30	84101	9/22	30	17.4	17.43	0.00	12.00	52.29
10	COQ CAP 30MG	1*10		20007	2/23	30	379	378.50	0.00	12.00	1135.50
11	LEUCORIN 15MG	10	3004	VA1904	11/21	30	427	427.00	0.00	5.00	1281.00

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.
All disputes subject to RISHIKESH Jurisdiction only.

For NEW SAI MEDICOSE

Authorized Signatory

SUB TOTAL	4216.12
Discount 10.7 %	451.13
SGST	170.98
CGST	170.98
Roundoff	0.01

Rs. Three Thousand Seven Hundred Sixty Five Only

GRAND TOTAL 3765.00