अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL/
बहिरंग रोगी विभाग /Out Patient Department

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

बहिरोग विभाग UHID:108429133

Dept No: 2025080027109

कक्ष/Room C-108

Counter/काउंटर F130

Unit-II Orthopedics

OPR-6

ओ.पी.डी. रजिस्ट्रेशन सं./O.P.D. Regn. No.

अभिषेक अभिषेक / ABHISHEK

ABHISHEK
C/O MR RAMJANAM
BY 11M 12D / M(पुरुष)
GRAM EICHARI, POST BABU KI KHASUR
MEHNAGAR AZAMGARH UTTAR
Ph:
Follow Up Patient

General Rs. 0

Reporting 09:37:39 19/11/2025

आयु/Ags

पता/Address

10042913 3
ortho

निदान/Diagnosis

s/c/o Distal fem ogs (R)

दिनांक/Date

उपचार/Treatment

WE fastrudon - 14/10/25

clopain (R) cont

Planned for chemotherapy

Pt is done fine

Ambulatory on NKAFO

Scan Mark pt

Thrombophob gel

(DONOT RUB)

Hafkis 6x1/52

c/c sodiepalpk 0.5x0.5cm over bone area (R) cont

I Calcium (tab) OD

Sachet wt weekly

Adv x Ray (R) cont At clat

Ok tobay

19/11/25

वरिष्ठ प्रवासिक

Senior Resident

आर्थोपेडिक्स विभाग/Deptt. of Orthopaedics

अखिल भारतीय आयुर्विज्ञान संस्थान/A.I.I.M.S. New Delhi-29

Stop Rx

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hos
अ.भा.आ.सं अस्पताल / A.I.I.M.S. HOSPITAL
/ Out Patient Department
SMOKING PROHIBITED IN HOSPITAL

E228825226 188429133
E228825217 188429133
MrABHISHEK

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 347412 Reg. Date-
Clinic Paed. Lymphoma Leukemia Clinic Clinic No.
Deptt. MEDICAL ONCOLOGY
General
नाम अभिषेक अभिषेक UHID-188429133
Name ABHISHEK
C/O- MR. RAMJANAM Sex/Age M/XV
Phone No. Room 1 (Shift A/Evening)
Address GRAM SIBHARI, POST BABU KI KHAJUR, MEHNAGAR, AZAMGARH, UTTAR PRADESH, Pin-276204, INDIA
Paid Online

H No.
ड-रो-वि. पंजीकृत सं. / O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि / Date of Birth

निदान / Diagnosis

OGS

दिनांक / Date

उपचार / Treatment

11/8/23

Inj- MAGNEX 1.5g IV BD x 3 day

Inj- G-CSF 100 mcg SC x 3 day

- Tab Olanzapine 2.5mg (HS) - 3 days
- Tab Emset 2mg TDS 0-0-6 (3 दिन)

fu with CBC LFT on 14/8

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 outstat

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hos
अ.भा.आ.सं अस्पताल / A.I.I.M.S. HOSPITAL
/ Out Patient Department
SMOKING PROHIBITED IN HOSPITAL

S220825226 108429133
E220825217 108429133
MrABHISHEK...

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 347412 Reg.Date-30/07/2025
Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 23907/2025
Deptt. MEDICAL ONCOLOGY
General
नाम अभिषेक अभिषेक UHID-108429133
Name ABHISHEK
C/O- MR. RAMJANAM Sex/Age M/8Y
Phone No. Room 1 (Shift Afternoon)
Address GRAM SIDHARI , POST BABU KI KHAJUR , MEHNAGAR , AZAMGARH, UTTAR PRADESH, Pin-276204, INDIA
Paid Online

H No.

ब॰रो॰वि. पंजीकृत सं. / O.P.D. Regn. No.

	लिंग Sex	आयु Age	जन्म तिथि / Date of Birth

निदान / Diagnosis	उपचार / Treatment
दिनांक / Date	
11/8/25	Inj- MAGNEX 1.5g IV BD x 3day Inj- G-CSF 100 mcg SC OD x 3day - Tab Olanzapine 2.5mg HS - Tab Ativan 2mg TDS 0-0-6 (3 days) fr with CBC LFT RF on 14/8
Dr 11/8/25 P2 1:48'	

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hos
अ.भा.आ.सं अस्पताल / A.I.I.M.S. HOSPITAL
/ Out Patient Department
SMOKING PROHIBITED IN HOSPITAL

S220825226 108429133
E220825217 108429133
MrABHISHEK...

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 347412 Reg.Date-30/07/2025
Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 23907/2025
Deptt. MEDICAL ONCOLOGY
General
UHID-108429133
नाम अभिषेक अभिषेक
Name ABHISHEK
C/O- MR RAMJANAM Sex/Age M/8Y
Phone No. Room 1 (Shift Afternoon)
Address GRAM SIDHARI , POST BABU KI KHAJUR , MEHNAGAR , AZAMGARH, UTTAR PRADESH, Pin-276204, INDIA
Paid Online

H No.
ब०रो०वि. पंजीकृत सं./ O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि / Date of Birth

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

11/8/25

Inj- MAGNEX 1.5g IV BD x 3day

Inj- G-CSF 100 mcg SC OD x 3day

- Tab Olanzapine 2.5mg HS
- Tab Emset 2mg TDS 0-0-6 (3 days)

3 days

fr with CBC ALFT/RF on 14/8

19/2/26

ধুয়ে x 1wx

OK

CXR – May – Local Dr. to see

Fu with CbC + NCCT Chest

on 20/8/2026

Wt- 18.8kg

Surendra

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

OPR-6

19/2
RFT

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 347412 Reg.Date 18/12/2025
Clinic Paediatric Medical Oncology Clinic Clinic No. 2025/8309
Deptt. MEDICAL ONCOLOGY
General
नाम अभिषेक अभिषेक UHID-108429133
Name ABHISHEK
C/O MR RANJANAM Sex/Age M/8Y
Phone No. Room 6 (Shift Afternoon)
Address GRAM SIDHARI, POST BABU KI KHAJUR, MEHNAGAR, AZAMGARH, UTTAR PRADESH, Pin:276204, INDIA

एकक /Unit
विभाग/Dept.
नाम /Name
/ Date of Birth

निदान / Diagnosis: OGS

दिनांक / Date		उपचार / Treatment
31/12/25		C#6
(Daycare)	1	Inj cisplatin in 100NS D1 — D3 → 25mg
	2	Inj Doxorubicin in 100NS D1 — D3 → 17mg
	3	Inj mannitol 100ml (D1 — D3)
	4	Inj mg SO4 1Amp + 20mEq KCl in 100NS (D1 - D3)
	5	Inj Zofer 4mg IV] D1 — D3
	6	Inj Decon 4mg IV]
	7	Tab Zofer 4mg TDS (3 दिन)] D1 — D5
	8	Tab Decamax 4mg BD (2 दिन)]
	9	Cap Aprecip D1 - 125mg पहले दिन D2 - 80mg दूसरे दिन D3 - 80mg तीसरे दिन
D5 6/1/26	10	Inj Gcsf 75mEq S/C OD x 8days (from D4 (साम्र 15) (दिन) (D1 - D5)
D6 7/1/2026.	11	Tab olanzapine 2.5mg 1/2 Tab @ HS
		f/u on 19/2/26 ₹ CBC/LFT/RFT

D7 8/1/26 D8 9/1/26 D9 10/1/26 D10 12/1/26 D11 13/1/26. D12 14/1/26

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

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 417412 Reg.Date: 18/12/2025
Clinic: Paediatric Medical Oncology Clinic Clinic No. 2025_8309
Deptt.: MEDICAL ONCOLOGY
General
नाम अभिषेक अभिषेक UHID: 108429133
Name: ABHISHEK
C/O: MR. RAMJANAM Sex/Age: M / 8Y
Phone No. Room: 6 (Shift: Afternoon)
Address: GRAM SIDHARI, POST: BABU KI KHAJUR, MEHNAGAR, AZAMGARH, UTTAR PRADESH, Pin:276204, INDIA

17/8/26 mor

Y UNIT रेडियोलोजी एकक
पताल, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली–110029
tal, All India Institute of Medical Sciences, New Delhi-110029
LOGICAL TEST रेडियोलोजी टेस्ट की तारीख
UHID No.
IRCH No.

रा नं. 43 / 49 / 46 / 30 Please report at समय : 8.30 am.

Name of the Test / Procedure टेस्ट का नाम

	Test	Type	Body part (s)
	CT scan सीटी स्कैन	CECT, NCCT, HRCT Multiphase CT, CT angiography	Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, other.....
	Ultrasound अल्ट्रासाउंड	Abdpmen-Pelvis, KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....	
	Colour Doppler डॉपलर	Upper limb, Lower Limb, Other.....	
	GI tract study बेरियम	Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrograffin Study, other.....	
	Urinary study आईवीपी	IVP, MCU, other.....	
	Mammography मेम्मोग्राफी	Bilateral, Right, Left	
	Othre अन्य		

Signature of booking clerk/officer Date given on: 19/2/26

Please read carefully and follow checked ✓ instructions चिन्हांकित ✓ सूचनाओं का पालन करें :

- ☐ Bring contrat injection lomeprol400mg/lohexol350mg/lobitridol350mg/other equivalent.....ml यह दवा साथ लाएं.
- ☐ Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहें (पानी, दवाएं ले सकते हैं)
- ☐ Do not pass urine for 3-4 hours 3–4 घंटे पेशाब रोके रहें.
- ☐ Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
- ☑ Bring on adult attendant with you एक वयस्क साथी साथ लाएं.
- ☑ Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्में साथ लाएं.
- ☑ Pay Rs. 750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें.
- ☐ Special instruction विशेष सूचनाएं .....

सीटी स्केन एवं मेम्मोग्राफी की रिपोर्ट कमरा सं. 45 से प्राप्त करें

General information सामान्य जानकारियां :

- Contrast injection during CT scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, hypotension or shock, These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to any medicine सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्परिणाम (उल्टी, खुजली, शॉक इत्यादि) हो सकते हैं, यदि आपको दमा या कोई एलर्जी है तो पहले बताएं.
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि गर्भवती हैं तो पहले बताएं,
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है.
- Report will be sent to OPD counter SW 3/R.No.-45 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर SW 3/क.सं.-45 या वार्ड में भेज दी जाएगी.

Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।

I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्परिणाम की जानकारी दी गई है. मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ.

Signature of Patient or attendant_____ Name_____

Relation with the Patient _____

Date : _____

भारत सरकार

Government of India

आधार



अभिषेक

Abhishek

जन्म तिथि/DOB: 07/01/2017

पुरुष/ MALE

Issue Date: 22/02/2021

4939 2856 9767

VID : 9107 8570 6412 6293

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
पता:
द्वारा: रामजनम, ग्राम सिधारी, पोस्ट बाबु की खजुरी,
मेहनगर, आज़मगढ,
उत्तर प्रदेश - 276204
Address:
C/O: Ramjanam, gram sidhari, post babu ki
khajuri, Mehnagar, Azamgarh,
Uttar Pradesh - 276204
Download Date: 01/07/2022
4939 2856 9767
VID : 9107 8570 6412 6293
1947 | help@uidai.gov.in | www.uidai.gov.in

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hos
अ.भा.आ.सं अस्पताल / A.I.I.M.S. HOSPITAL
/ Out Patient Department
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E228825217 188429133
MrABHISHEK

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IRCH No. 347412 Reg. Date-
Clinic Paed. Lymphoma Leukemia Clinic Clinic No.
Deptt. MEDICAL ONCOLOGY
नाम अभिषेक अभिषेक UHID-188429133
Name ABHISHEK
C/O- MR. RAMJANAM Sex/Age M /XV
Phone No. Room 1 (Shift A/Evening)
Address GRAM SIDHARI , POST BAIR I KI KHAJUR , MEHNAGAR
AZAMGARH UTTAR PRADESH, Pin-276204, INDIA
Paid Online

H No.
ड-रो-वि. पंजीकृत सं. / O.P.D. Regn. No.

	लिंग Sex	आयु Age	जन्म तिथि / Date of Birth

निदान / Diagnosis

OGS

दिनांक / Date

उपचार / Treatment

11/8/23

Inj- MAGNEX 1.5g IV BD x 3day

Inj- G-CSF 100 mcg SC x 3day

- Tab Olanzapine 2.5mg (रात्रि को) } 3 days
- Tab Emset 2mg TDS 0-0-1 (3 दिन)

fr with CBC ALFT on 14/8

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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डॉ० बी० आर० अम्बेडकर संस्थान रोटरी कैन्सर अस्पताल
DR B R AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029

Radiology Requisition Form (Other than X-ray)

DR. B.R.A. IRCH, AIIMS, NEW DELHI
UHID: 108429133
IRCH No. 347412
नाम अभिषेक अभिषेक
Name ABHISHEK
C/O- MR. RAMJANAM
Phone No.
General
Sex/Age M/8Y

Patient Status
- ☐ Outdoor
- ☐ Indoor (Ward / Bed no.)

General Condition of the Patient:
- ☐ Ambulatory
- ☐ Non-ambulatory
- ☐ Critical with life support

Payment Status:
- ☐ Paying
- ☐ Exempted by (sign & stamp)
- ☐ EHS (no.)

Investigation req... tion is required for each type of investigation)

CT

Type
- ☐ CECT
- ☐ NCCT
- ☐ HRCT
- ☐ Dual phase CT
- ☐ Other (specify) _____

Body Part(s)
- ☐ Head
- ☐ Orbit
- ☐ PNS
- ☐ Face/ mandible
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Other (specify) _____

Ultrasound
- ☐ Abdomen & Pelvis
- ☐ Upper Abdomen
- ☐ Pelvis
- ☐ KUB
- ☐ Breast
- ☐ Scrotum
- ☐ Neck
- ☐ TVUS
- ☐ TRUS
- ☐ Colour Doppler of _____
- ☐ Other (specify) _____

Fluoroscopy & Special Radiography
- ☐ Barium Swallow
- ☐ Barium Meal UGI
- ☐ Barium Meal Follow Through
- ☐ Gastrografin Study
- ☐ Loopogram
- ☐ Distal Cologram
- ☐ Sinogram
- ☐ IVP
- ☐ Other (specify) _____

Image Guided Interventions

Procedure
- ☐ FNAC
- ☐ Core Biopsy
- ☐ Fluid Aspiration only
- ☐ Fluid Aspiration for cytology
- ☐ Catheter Drainage
- ☐ Other (specify) _____

Of (organ/ lesion) _____

As per the requirement, Please provide filled cytology/histopathology form

Mammography
- ☐ Bilateral
- ☐ Right
- ☐ Left

Films Review
- ☐ CT
- ☐ MRI
- ☐ Other _____

Clinical Diagnosis:

Clinical details:

Previous imaging:
- ☐ None
- ☐ At BRAIRCH (study / date)
- ☐ Outside (details)

For CT & IVP only:
Blood urea, creatinine
Any history of allergy, asthma

Signature & Name of the Doctor

Date:

For the use of Radiology Department only

Appointment on:

Contrast Details:

Study number/Date:

Senior Resident/Technologist:

Comments: