











अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली 110029 / ANSARI NAGAR, NEW DELHI - 110029
संगणकीय (मर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



General Admissions

FULL Receipt No.: ACCOUNTS-18-157206/202223 AMT. RS. 350

NON-MLC

ई.पं.सं.
C.R.No.

H-393970-22

वार्ड/विस्तर सं.
WARD / BED NO. AB1/8

दिनांक
DATE

11/12/2022

10:01 am

वय/AGE: Y 6 M 2 D

लिंग/SEX:

नाम/NAME:

MISS NEHA KUMARI

राष्ट्रीयता/NATIONALITY:

धर्म/RELIGION: Hindu

पिता/पति का नाम / FATHER / HUSBAND NAME:

D/O ashok giri

वैवाहिक स्थिति/MARITAL STATUS: Single

माता का नाम/MOTHER NAME:

एन.आई.डी. सं./EHS NO./CGHS NO.:

8294879130

व्यवसाय/OCCUPATION:

Other

संपर्क सं./CONTACT NO.:

आधार सं./AADHAR NO.:

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता
LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :

राज्य/STATE:

पिन/PIN:

स्थायी पता/PERMANENT ADDRESS:

vill alipur ramgardh bihar

null INDIA

राज्य/STATE:

पिन/PIN:

विभाग का विवरण/DEPARTMENT DETAILS

Orthopedics

विभाग/DEPARTMENT :

Dr. SR Ortho

Unit-1

यूनिट/UNIT :

11/12/2022

10:01 am

यूनिट अध्यक्ष/UNIT HEAD :

मर्ती की तिथि/DATE OF ADMISSION :

समय/TIME :

परामर्शदाता/CONSULTANT :

UHID No. 106030296



छुट्टी की तिथि/DATE OF DISCHARGE :

समय/TIME :

ओ.पी.डी./आपात सं./OPD/ CASUALTY NO.:

ड्यूटी पर तैनात के.ओ.एस. का हस्ताक्षर
SIGN. OF CAO STAFF ON DUTY

ड्यूटी पर तैनात के.ओ.एस. का नाम NAME OF CAO STAFF ON DUTY :

निदान एवं अन्य/DIAGNOSIS & OTHERS

अस्थायी निदान/PROVISIONAL DIAGNOSIS :

पिछले ई.पं.सं./PREV.C.R.NO.:

टिप्पणी/REMARKS :

संवेदनाहरण/ANAESTHESIA :

दिनांक/DATE :

अंतिम निदान/FINAL DIAGNOSIS :

आपरेटिव प्रक्रियाएं/OPERATIVE PROCEDURES :

द्वितीयक निदान एवं जटिलताएं
SECONDARY DIAGNOSIS & COMPLICATIONS :

कोड सं./CODE NO.:





भारत सरकार

Government of India



नेहा कुमारी

Neha Kumari

जन्म तिथि / DOB : 01/01/2009

महिला / Female



7718 7960 8536



भार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: श्याम नारायण गिरी,
विल्ल-अलिपुर, पी.ओ-डरवन,
दरवान्सुरत, कैमूर, रामगढ़, बिहार,
821110

Address: S/O: Shyam Narayan Giri,
Vill-alipur, P.O-Darwan, Darwansurat,
Kaimur (Bhabua), Ramgarh, Bihar, 821110

5242 2663 7068



1947
1800 300 1947



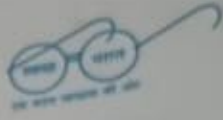
help@uidai.gov.in

WWW

www.uidai.gov.in



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



OPR-6

रोगी नाम / Patient Name
 उम्र / Age
 लिंग / Sex

C-108
 OPD No. 7152
 17/11/2022
 रोगी के लिये / For Patient
 Tue, Thu, Sat

पंजीन नं./O.P.D. Regn. No.
 पता / Address

रोगी का पता / Patient's Address
 मोबा. नं. / Mobile No.
 पिन कोड / Pin Code
 डॉ. के. ए. ए. / Dr. K. A. A.



रिपोर्ट / Diagnosis

रोगी नाम / Patient Name
 उम्र / Age
 लिंग / Sex

कक्षा / Room

उपचार / Treatment

C-108
 OPD No. 7152
 17/11/2022
 रोगी के लिये / For Patient
 Tue, Thu, Sat



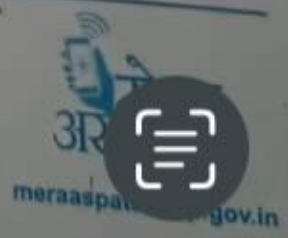
116 - stitch removal

To Review on 26/11/2022 Saturday
 AB-1 ward for Monday OT
8:00 AM

AB₁ ward - Admin on (Saturday)
 for (Specimen Recd & AG) 10/11/22



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)





ADVANCE ORTHO CENTRE

Ph : 09810352428
09868087642



S.H. PITKAR ORTHOTOOLS

LGF-13, 1736/3, Shop No. 13, Sher Singh Bazar, Kofa Mubarakpur, New Delhi - 110003

Phone : 011-41013584

Email : advanceortho2013@gmail.com Authorised Distributor S.H. PITKAR / ORTHO CARE

TIN No. : 07400445094 GST No. : 07AAWFA1957E1Z8

QUOTATION

Buyer Name And Address:

M/S: AIIMS HOSPITAL
NEW DELHI

Serial No: 038

Date : 24.06.2022

TIN NO: 07400445094

DL NO.DL/JNP-100933(208), 100934(218)

GSTN NO: 07AAWFA1957E1Z8

PT - NEHA KUMARI
UHID NO - 106030298

S. No.	Description of Goods	Qty.	Rate	Price
NAILING SYSTEMS (PITKAR)				
1	K.NAIL	01 Nos	2500.00	2500.00
2	SIMPLEX HV WITH GENTAMICIN BONE CEMENT (40GM) WITH COMPLETE SET	2 Pkt	4500.00	9000.00
TOTAL :				11500.00
GST @ 5%				575.00
SHORT EX.				0.00
G. TOTAL				12075.00

Rupees: TWELVE THOUSAND AND SEVENTY FIVE ONLY

C. & OF

Terms & Conditions

1. Interest @2.5% will be charged if bill is not paid within 30 days.
2. Subject to Delhi Jurisdiction.

FOR ADVANCE ORTHO CENTRE





ADVANCE ORTHO CENTRE

Ph : 09810352428
09868087642

LGF-13, 1736/3, Shop No. 13, Sher Singh Bazar, Kotla Mubarakpur, New Delhi - 110003
Phone : 011-41013584

Email : advanceortho2013@gmail.com Authorised Distributor S.H. PITKAR / ORTHO CARE
TIN No. : 07400445094 GST No. : 07AAWFA1957E1Z8



S.H. PITKAR ORTHOTOOLS

QUOTATION

Buyer Name And Address:
M/S: AIIMS HOSPITAL
NEW DELHI

Serial No: 116
Date : 18.10.2022
TIN NO: 07400445094
DL NO.DL-JNP-100933(208), 100934(218)
GSTN NO: 07AAWFA1957E1Z8

PT - NEHA KUMARI
UHID NO - 106030296

S. No.	Description of Goods	Qty.	Rate	Price
TITANIUM PLATING SYSTEMS				
1	FEMUR INTERLOCKING NAIL (ANY SIZE) = 01 PCS, WITH 4.9mm INTERLOCKING BOLT WITH COMPLETE SET	1 SET.	15000.00	15000.00
			TOTAL :	15000.00
			GST @ 5%	750.00
			SHORT EX.	0.00
			G. TOTAL	15750.00

Rupees: FIFTEEN THOUSAND SEVEN HUNDRED AND FIFTY ONLY

E. & O.E

Terms & Conditions

1. Interest @2.5% will be charged if bill is not paid within 30 days.
2. Subject to Delhi Jurisdiction.

FOR ADVANCE ORTHO CENTRE



BONE GRAFT CONSENT

I Baby devi mother of neha kumari
aged 12y sex F on bed no. AB1108
with UHID: 106030296 have been explained in the

language I understand about My
disease infected non union right femur i special +
and the plan of treatment knail insite

Stage 2 Masquelet procedure

I HAVE BEEN EXPLAINED THAT THERE WILL BE NEED TO TAKE
A PART OF MY OWN BONE FROM ILIAC CREST/ FIBULA

The procedure may include infection, graft rejection,
post op pain, hematoma formation .

Knowing this, I give my full and free consent for the
procedure without any external pressure.

बेबी देवी

Patints sign
mother

अशोक सिंह
(Ashok)

Relative signature
father.

[Signature]

doctors signature

Dr. Arsh

BONE GRAFT CONSENT

I Baby devi mother of neha kumari
aged 12y sex F on bed no. AB1108
with UHID: 106030296 have been explained in the
language I understand about My
disease infected non union right femur i spacer +
and the plan of treatment graft insert
Stage 2 Masquelet procedure

I HAVE BEEN EXPLAINED THAT THERE WILL BE NEED TO TAKE
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The procedure may include infection, graft rejection,
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procedure without any external pressure.

बेबी देवी

Patints sign
mother

अशोक सिंह
(Ashok)

Relative signature
father



doctors signature

Dr. Ashish

Age 14y
 Diagnosis 1/1/20
 PHYSICAL STATUS ASA GRADE
 Jaundice
 Cyanosis
 Teeth Intact

Oedema - Anac...

General Examination
 Pulse 100/min
 Previous Illness: (Tick the Positive only)
 RESPIRATORY
 SPINE
 Previous Anaesthetic History
 Significant Details of the above if any:
 1/2 Gen. anaesthesia 3 months ago
 rocuronium / vecuronium

G. I. SYS
 DRUGS

RENAL
 FAMILY HISTORY
 HEPATIC

ago ↓ 1/2 [U/E].
 no other comorbidity.
 Chest 2/L AE (+)

Systemic Examination:
 C.V.S. S₂ (+)
 Others
 Special Problems

Abdomen (+)

C.N.S. (+)
 Spine

Investigation:

Hb 12 g%
 Na 129
 P.F.T. PT/INR - 12.9/0.9
 E.C.G. - NSR / sinus Tachycardia (+)
 X-Ray Chest (+)

TLC DLC
 T. PROT.

crea 0.4
 B. Urea 19
 Albumin

B. Sugar F.
 Glob
 PP.
 OT
 R
 PT

Preaesthetic Instructions:

- 1) Two Parental Consent
- 2) NPO - 2h x solids
 2h x cl. liquids
- 3) Arrange recip. blood & blood products

Premedication

Drug	Dose	Route	Time
------	------	-------	------

S.S.
 SURENDAR SETHUPATHY
 Anaesthesiologist

$$20/1.74 \times \frac{4}{45} \times 80 = 2.2 \text{ litre}$$

$$MABL = \frac{12.2 - 8}{12.2} \times 45 \times 80 \approx 1.2 \text{ litres}$$

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

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

नाम Name Neha
 आयु Age 27/12
 सेवा Service Ortho I
 दिनांक Date 12/12/22
 पुरख अर्थात् पी. नं. UHO No. 106030296
 प्रोफेसर इंचार्ज Professor I/C Prof R. Mishra
 Notes written by Dr. Saumya Kulkarni

C/S/B SR/JR Ortho I on call CLINICAL NOTES

POD following Knail + cement spacer removal + ORIF 1MM + fibular grafting.

Pre op - Hb - ~~10~~ 13
 Post op Hb - 10

O/B → GC fair, alert, oriented.
BP - 118/62
HR - 100
SpO₂ - 98%
ANV @
Drain - minimal
Wound @
Urine not yet passed

Adv

Follow post-op orders
R/L SOS.
& hly neuro and pulse monitoring.
Knee flexion 90°.

[Signature]

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

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

नाम Name: Neha
 उम्र Age: 12y/11
 सर्विस Service: Ortho 2
 दिनांक Date:
 प्रोफेसर इंचार्ज Professor I/C: Prof. R. Mittal
 पुरुष.आई.सी. नं. UHID No.: 106030296
 Notes written by: Dr. Shweta Choudhary

CLINICAL NOTES

C/S/B: IR ortho 2 bed discharge.

C/O: Deformity and difficulty in walking w/o
 (R) Lb

The pt was apparently well 2yrs back when she heard a snap in (R) LL while walking. The pt fell down and was picked up by relative. The pt started developing pain which was acute in onset non radiating in character. She pt. visited local hospital where she was diagnosed to femur & managed conservatively. Following this LRS was applied. The LRS was removed after 1yr followed by application of cast. The cast was removed after 1mth. After 15 days again the femur got # without any trauma.

- No h/o trauma.
- H/o bone TB (documented) → SST course completed.
- No h/o polyarthralgia morning stiffness.
- No h/o wt loss.
- No h/o COVID 19.

④ रक्त दान

एच.आर.-9

M.R.-9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी.नं. UHD No.
वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
			स्थिति Status

referred by Dr.

Requesting Doctor

to Dr.

Consultant & Specialty

findings :

Date :

To

BBO

Kindly bleed 20 pabc
for Neha.

106030296

Diagnosis or Impression :

①
Donor deferred → Hb - 12.1

→ ↓ Body wt.

Recommendations:

C/D / Dr. Hb Sir by JR

Help will be provided for 10 pabc.

Dr. Chappi

10/Dec/22

Consultant's Signature

3.50pm



अ० मा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department



अस्पताल में जगह धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी का नाम / Name
 आयु / Age
 पता / Address

रोगी का नाम / Name
 आईडी नं. / ID No.
 डॉक्टर का नाम / Doctor's Name

OPR-6

रोगी का नाम / Name
 आईडी नं. / ID No.
 डॉक्टर का नाम / Doctor's Name
 पता / Address

रोगी का नाम / O.P.D. Regn. No.
 पता / Address

रोग / Diagnosis

रोगी का नाम / Name
 आईडी नं. / ID No.
 डॉक्टर का नाम / Doctor's Name

उपचार / Treatment

रोगी का नाम / Name
 आईडी नं. / ID No.
 डॉक्टर का नाम / Doctor's Name
 पता / Address

116 - subur removal

To Review on 26/11/2022 Saturday
 AB-1 ward for Monday OT
PICO AM

AB₁ ward - Admins on (Saturday)
 for (Space Rent & AG) 10/11/22



CLEAN AND GREEN AIMS / एक आरोग्य, स्वच्छता से काय बनत
 अंगदान जीवन वा बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



5 PART 2

A.I.I.M.S. HOSPITAL Out Patient Department



Unit
Dept./De

Phone No. 110022299
Fax No. 222220174

Room No.

OPR-6

पेशेवर
उपस्थिति
दिनांक

C-109
OPD
दिनांक

वर्ष/दिनांक/OPD. Regn. No.

पता

पता/Address



रोग/Diagnosis

Phone No. 110022299
Fax No. 222220174

Room No.

Treatment

C-109
OPD
दिनांक



116 - subur removal

To Review on 26/11/2022 Saturday
AB-1 ward for Monday OT
8:00 AM

AB₁ ward - Admin on (Saturday)
for (Spine Band & AG) 10/11/22



CLEAN AND GREEN AIMS / एक ही चरण, वातावरण में कार्य करें
अपदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444. www.orbo.org Helpline - 1080 (24 hrs service)



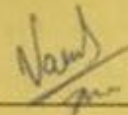
SMARU

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE

नैदानिक रसायनिक
CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-११००२९
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

रक्त रसायन / BLOOD CHEMISTRY

नाम/NAME	Nehe Kumari	आयु/Age	12/F	लिंग/Sex	F		
UHID NO.	106030296	OPD / WARD	AB1	UNIT	OR101	BED NO.	8
Date	11/12/2020						
Diagnosis & Clinical Note :-	HIV 1 & 2, W55 Agg, anti HIV, CRP						
	Signature	Name of Medical Officer			Time of Specimen Collection		
							

For Lab. Use only
Lab. Ref. No.

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE

रुधिर विज्ञान
HEMATOLOGY

अखिल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

401

नाम/Name ~~311~~ Nishu Neha

उम्र/Age 13

लिंग/Sex F

UHID No ~~605251685~~ 106030296

Consultant

Ward/OPD

Unit/Bed No.

Date/Time 10/12/22

Nature of Anticoagulant : EDTA/Citrate/Heparin/Nil

Diagnosis/History

pt inr
antt



Previous Lab. Ref. No.

Signature of Doctor

Today's Lab. Ref. No.

Time of Receipt

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

Omara

PROPERTY OF

01

विकिरण नैदानिक विभाग

अ० मा० आ० सं०, नई दिल्ली- 110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Neha Komari Age/Sex: 12y/F Ref. Dept./Unit: Ortho F Date: 14/12/22

Indoor (Bed No.) / Outdoor / Casualty: ABI/07 OPD No. / UHID No.: 106030296 LMP:

Examination Required:

Ultrasound Doppler (Arterial / Venous) DVT₂ Interventional Procedure
 CT HRCT Dual Phase CT LL CT Angiography

Clinical History and Examination:

Dear colleague, Patient is now having acute pain in both BIL LL. Kindly assess for BIL LL DVT & do needful.

Clinical / Working Diagnosis:

Any Previous Studies (Please provide No. if available):
Blood Urea / Serum Creatinine (for CT patients only):
Any h/o allergy or asthma:

Signature of Referring Physician / Date:

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

US / CT Number:

No. of Films used:

Signature of Radiographer / Date:

W.C

48

Your Sr. No. is

Room No. 4/5, 4th Floor, Porta Cabin
MON to FRI at 9.00 AM - 12.00 Noon

DDC ANAESTHESIA CHECKUP (PAC) CLINIC

Anaesthesia
UWB: 108030296
Dept No: 20221080005512
Clinic No: 5244/2022

Room / Room
B-414
PRE ANAESTHETIC CLINIC
PAC

DEPT. OF SURGERY, PAIN MEDICINE AND CRITICAL CARE
OF MEDICAL SCIENCES
ELHI-110029

नेहा कुमारी
NEHA KUMARI
12y MBBS (MD) (P)
DIOBWH-99
Add: 1st floor, Angkor Hotel, BHAR, P.O. 2
INDIA

25/10/2022
श्रीम. मंगल. सु. सु. सु.
Date 25/10/22

Max: 8204879130 Follow up: ... Genex: P.S. Reporting: 8:30 AM

INQ111C

पता
Address

135 cm Ht/Wt 41.4 Kg BMI

निदान / Diagnosis
Osteomyelitis @ femur

Surg. Planned :
@ femur IAN + 39
pyroplasmic

PREOPERATIVE CHECK LIST

HISTORY - (Tick the relevant points)

Systemic illness :	CVS	RESP	Endocrine
	CNS	Others	

Significant Details of the above if any
 Defensivity @ High x rays => Osteomyelitis @ femur (took ATT for 3 1/2 months)
 Mx - external fixⁿ & IRS in 2021 -> Implant removed in
 No H10 drug allergy / any other comorbidity
 No H10 URTI in last 14 days

Pregnancy

Others

CURRENT DRUGS :

ALLERGIES

- Bronchodilators
- Antihypertensive
- Antidiabetic
- Any Other

- Smoking
- Alcohol

PAST HISTORY : ANAESTHETIC IF ANY

GENERAL CONDITION :	BP :	Anaemia	Cyanosis	METS
	Pulse	Jaundice	Oedema	Ascites
	IV Access			