



THE CURABLE TRUST

2135

Sharda Multispeciality Hospital & Maternal Child Healthcare Centre



Sharda Multispeciality Hospital & Maternal Child Healthcare Centre

SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

24 HOURS EMERGENCY ★ LAB. ★ X-RAY SERVICES

PROGRESS RECORD

Name: ShyA Father's Name: Mr. SACHIN Age: 4 Months Sex: Male

(HIGH RISK)

इसमें इस बात से जकात करा दिया गया है। कि
 इसमें मरीज की वीमपी नेटव जायरी है।
 यहाँ तक B/o ShyA इलाज के दौरान एमए मरीज के
 कुछ भी हो सकता है। कि भी इस मारी जायरी
 एमए के बाद एमए मारी जायरी में उभरी ही जिम्मेदारी
 पर अपने मरीज के इलाज करना पड़ेगा है। इस
 एमए के दौरान एमए मरीज के
 कुछ होता है। इसमें डॉक्टर व नर्सिंग स्टॉफ
 (एमए) की भी जिम्मेदारी नदी होगी।

Father

शरीर

पिता

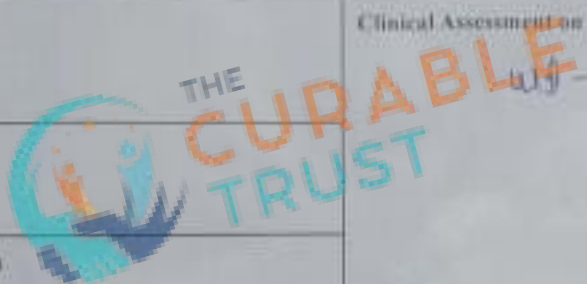
ISHA MULTISPECIALITY HOSPITAL

Maternal Child Healthcare Centre

Plot No. 10, Main Tiraha Shantipur Road, Opp. Shankar Palace, Ghazipur, U.P. 201102
 9315741519

Admission & Discharge Record

Patient Name SUDHAKAR		UHID 2135	IPD No. 869	Age 4 MONTHS	Sex Male	Ward/Room
O ACUTE					Phone No. 9654516414 Patient Type General	
Full Address		VILLAGE JAWALI				
Date & Time of Admission		20/01/2025 10:08 AM				
Date & Time of Discharge						
Hospital Stay (No. of Days)						
Provisional Diagnosis				Clinical Assessment on Admission		
Final Diagnosis				wt - 3 KG		
Secondary Diagnosis or Complication				CRP - 14.7		
Operation / Special Procedure						
RESULTS	Improved	Referred	Left Against Medical Advice	Discharge on Request	Absented	
Dr. Anil Kumar Singh-MBBS MD Doctor Name & Signature				Patient Name & Signature		



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**Sha Multispeciality Hospital &
 External Child Healthcare Centre**

Sha Multispeciality Hospital &
 External Child Healthcare Centre

SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

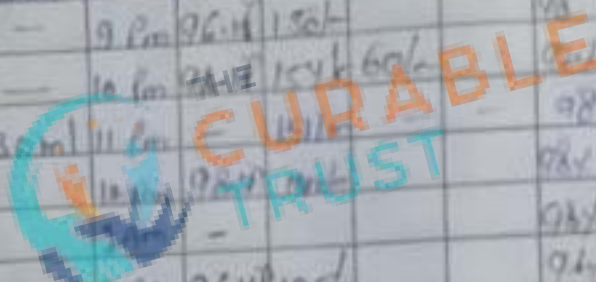
INTAKE * OUTPUT * VITALS CHART Wt - 3 KG

SIVA

Father's Name: MR SACHIN

Age 4m Sex male

Time	Intake	Amount	Time	Temp	Pulse	Resp	BP	SpO2	Time	Output
10 AM			10 AM	97.1 F	129b			98%		urine pass
11 AM	T.S.O-P	15ml	2 PM	97.5 F	135b	47b		97%		
12 PM	Taxim-100	20ml	3 PM	97.6 F	139b			98%		
1 PM	T.S.O-P	15ml	4 PM	98.1 F	155b	50b		98%		RBS-95 mg/dl
3 PM	T.S.O-P	15ml	5 PM	97.1 F	153b			98%		
4 PM	T.S.O-P	15ml	6 PM	97.6 F	160b			98%		3ml stool
5 PM	T.S.O-P	15ml	7 PM	98.9 F	156b	63b		97%		Urine pass
6 PM	T.S.O-P	15ml	8 PM	98.2 F	163b			98%		
9 PM	-	-	9 PM	96.4 F	150b			98%		
10 PM	-	-	10 PM	98.1 F	154b	60b		98%		
11 PM	NS + 100ml	30ml	11 PM					98%		
12 AM			12 AM					98%		
1 AM			1 AM					98%		
2 AM			2 AM	96.4 F	135b			98%		
3 AM	ORS Kg + NE	10ml	3 AM	98.1 F	156b	50b		98%		RBS
4 AM	-	-	4 AM	97.5 F	129b			99%		Urine 100mg/dl
5 AM	-	-	5 AM	-	119b	47b		97%		
6 AM	-	-	6 AM	97.6 F	121b			98%		
7 AM	NS + 100ml	20ml	7 AM	98.3 F	118b			98%		
8 AM			8 AM	97.5 F	120b	48b		97%		
9 AM			9 AM	97.9 F	119b			98%		
10 AM			10 AM	97.1 F	127b			98%		Urine pass
11 AM			11 AM	96.5 F	120b	49		98%		U
12 PM			12 PM	96.3 F	131b			97%		
1 PM			1 PM	97.5 F	127b			97%		
2 PM			2 PM	98.1 F	135b			97%		
3 PM	Taxim-100	30ml	3 PM	97.1 F	137b			98%		
4 PM			4 PM	97.1 F	150b			98%		RBS-100mg/dl



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Shiba Multispeciality Hospital & Maternal Child Healthcare Centre



Shiba Multispeciality Hospital & Maternal Child Healthcare Centre

SHIBA SHARANPUR ROAD, OPP. SHANKAR PALACE, CHAZIABAD (U.P.)-201102

★ 24 HOURS EMERGENCY ★ LAB ★ X-RAY SERVICES

PROGRESS RECORD

6/12/15 Father's Name: ITC SACHIN Age: 4 Months male

21/11/15 After morning bath

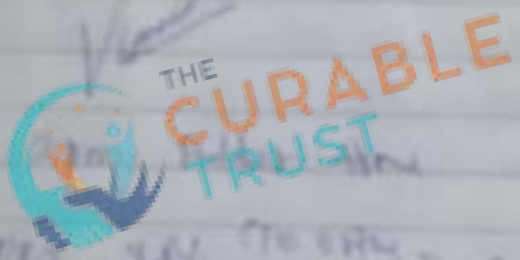
SA 110/70 - 90/60 (C/O) HR 140
PP - 120/80
Temp - 38.5
RA 95%
Vent

21/11/15 After morning bath

SA 110/70 - 90/60 (C/O) HR 140
PP - 110/80
Temp - 38.5
RA 95%
Vent

21/11/15 After morning bath

SA 110/70 - 90/60 (C/O) HR 140
PP - 140/80
Temp - 38.5
RA 95%
Vent - changed at 10 AM
M-p-o



2135

Mobile : 9315741519

Disha Multispeciality Hospital & Maternal Child Healthcare Centre



Disha Multispeciality Hospital & Maternal Child Healthcare Centre

TIRAHA SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

Name (in Block letters) B/o SIYA Age 4 MONTH

Father's/Husband's Name (in Block Letters) MIR SACHIN

Postal Address VILLAGE JAWLI

Tel. No. 9654516414

Advance deposit: Rs. 300/- Rs. 500/- Rs. 1000/- Rs. 2000/-

This form is to be filed by the patient, if possible otherwise by his/her relations. For bill purpose, day starts from 12 Noon and ends on the following day at 12 Noon. Please take care of your valuables, Medicare Centre will not be responsible for theft or loss of your belongings. Do not give tips (Bakshish) to any worker of this Centre.

Dated 20/1/25

Signature [Signature]

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

Date & Time 20/1/25 / 10:8 AM

I, _____ the undersigned, hereby authorise Dr _____ (and whomsoever he/she may designate as his/her assistants/colleagues) to administer such Treatment as necessary, and to perform the following operation/procedure _____

and such additional operation/procedure as are considered therapeutically necessary during the course of the above mentioned operation/procedure _____

I also consent to the administration of such anaesthetic as are considered necessary for any of the purposes _____

Any tissues of parts surgically removed may be disposed off by treating doctor and/or medical Centre in accordance with accustomed practice _____

I also authorise the doctor to perform the above procedures at Disha Multispeciality Hospital & Maternal Child Healthcare Centre, Loni or at any other Medical Centre/set up considered appropriate by him/her _____

I hereby certify that I have read and fully understood the above AUTHORIZATION FOR MEDICAL AND OR SURGICAL TREATMENT, The reasons why the above named Surgery/Procedure is considered necessary, its advantages and possible complications, if any as well as possible alternative modes of treatment which are explained to me by _____

Dr _____

I also certify that no guarantee or assurance has been made as to the result that may be obtained, _____

Witness _____

Signature _____

(Patient or nearest relative)

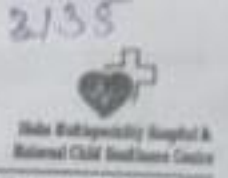
Name _____

(If relative, relationship)

Witness _____

Authorisation must be signed by the patient, or by the nearest relative in the case of minor, or when the patient is physically or mentally incompetent.

Disha Multispeciality Hospital & Maternal Child Healthcare Centre



TIRAHA SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

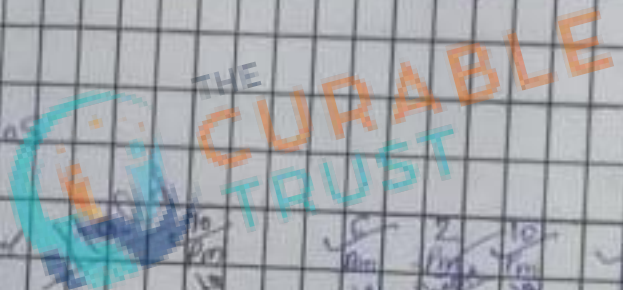
TREATMENT CHART

Sex: MALE Age: 4 MONTH

MRD No. _____

Name of Patient: Priya Siya Ward/Dept: NICU Bed No. (2)

Name of Medicine	Dose	Date	Date	Date	Date	Date
- I/VF ISO-P 15 ml / HR		20/11/25	1:30 PM			
- I/VF TAXIM 150 mg - BD		20/11/25	11 AM	21/11/25	7 AM	22/11/25
- D&P mental slab 0.5 ml / 30s		20/11/25	11 AM	21/11/25	3 PM	22/11/25
- D&P Salvin RBS		20/11/25	10 PM	21/11/25	2 PM	10 PM
- D&P Lactin RBS - BD		20/11/25	4 PM	21/11/25	5 PM	9 PM
- I/VF - AMTRACIN 45 mg iv / qd		20/11/25	4 PM	21/11/25	4 PM	22/11/25
- I/VF - N/2 5% Dextrose 10 ml PHR		20/11/25	4 PM	21/11/25	4 PM	22/11/25





Disha Multispeciality Hospital &
Maternal Child Healthcare Centre

Disha Multispeciality Hospital & Maternal Child Healthcare Centre



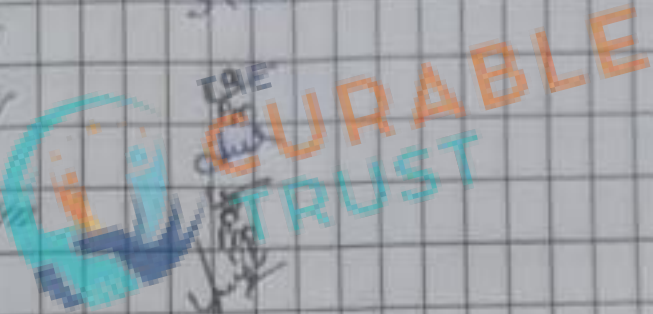
Disha Multispeciality Hospital &
Maternal Child Healthcare Centre

LONI MAIN TIRAHA SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

TREATMENT CHART

OPD No.	Sex M	Age 4 month	MRO No.
Name of Patient B/o Siya			Ward/Dept.
			Bed No.

Name of Medicine	Dose	Date	Date	Date
IV- ISO-P 15ml 1HR		22/11/25	23/11/25	
INJ- TAXIM 150mg qd TDS				DIC
D3OP methyl stat 0.5ml sos				STOP
MH- Lactulose 0.31 TMS				STOP
1476- Bedilant 0.5mg qd TDS				STOP
RBS- DD				
73 Amikacin 45mg qd				STOP
IV- M/2-5/1				
Dextrose 10ml P/HR				
N.P.O (24 HOURS) 9AM to 9AM				
Baluf 30ml / 1/2				
STAT				



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Mobile : 9316741519

Disha Multispeciality Hospital & Maternal Child Healthcare Centre



Disha Multispeciality Hospital & Maternal Child Healthcare Centre

MAIN TIRAHA SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

ADMISSION AND DISCHARGE RECORD

Date of Admission: 2/1/20 Time: 10:30 AM Room No. _____ Admission No. 869 LHID 2135

ADMISSION RECORD

Name: B/S SRYA Diagnosis at admission: _____
 Age: 4 Months Sex: Male Female MLC No. Yes No MLC No. _____
 Father's/Husband's Name: MR. SACHIN Infectious nature of the disease: Yes No
 Address: VILLAGE JAWLI Patient Shifted from Room: EMR to GM on _____
 Patient Shifted from Room: EMR to GM on _____
 Tel. No: 9654466414 Patient has left on short leave on _____ at _____
 Consultant: DR. ANIL KUMAR SINGH Patient has left on short leave on _____ at _____
 Associated Consultants: 1 _____
 2 _____

DISCHARGE DETAILS

Final Diagnosis: _____
 Date of Discharge: _____ Time: _____
 Procedure Done: _____

OUTCOMES

Recovered	Improved	DOR	LAMA	*Died	Referred
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ADMISSION CONSENTS

I/My patient _____ do hereby Agree and give my consent for my/my patient's admission to Disha Multispeciality Hospital & Maternal Child Healthcare Centre, Loni. I hereby authorize the above Centre, Doctors and it's medical staff for my/my patient's admission in the above centre for Treatment/operation and procedure necessary by the treating Doctors in my / my patient's care.

Name: Sachin Signature: [Signature] Relation: Father

मे/मेरे रोगी _____ इसके द्वारा सहमत हुं/होए मेरे/मेरे रोगी के दिशा मल्टीस्पेशलिटी हॉस्पिटल एवं मैटर्नल चिल्ड्रेन हेल्थकेयर सेंटर, लोनी में प्रवेश के लिए सहमति देता हू। मैं उपरोक्त सेंटर, डॉक्टरों और उसके चिकित्सा कर्मचारियों को मेरे/मेरे रोगी की देखभाल में इलाज करने वाले डॉक्टरों द्वारा आवश्यक उपचार/ऑपरेशन और प्रक्रिया के लिए उपरोक्त सेंटर में मेरे/मेरे रोगी के प्रवेश के लिए अधिकृत करता हू।

DISCHARGE

I am going/taking my patient & belongings safely after discharge. I have / do not have the following complaint(s) / suggestion(s) to make for the service provide

मे अपने रोगी और सामान को निर्विघ्न के बाद सुरक्षित रूप से ले रहा हू। मेरे/मेरे रोगी को प्रदान की गई सेवा के लिए मेरे पास/सिफारिश (सिफारिशों) / सुझाव हैं/ नहीं हैं _____

Name: _____ Signature: _____ Relation: _____

2135

Mobile - 824241818

Disha Multispeciality Hospital & Maternal Child Healthcare Centre

We Safely Handle Your Confidential Data

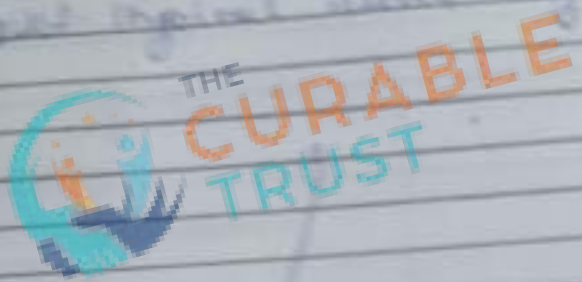
DISHA SHARANPUR ROAD, OPP. SHANKAR PALACE, DHARWAD (U.P.) 202102

Patient Name B/a Sita
 Age 30 years Sex Female
 PC No. 123 Unit No. 100 Room No. 101
 Consultant Name Dr. Anil Kumar Singh

History Sheet (To be filled on Admission)

PEDIATRICS

Date of Admission 20/05/20 Time 10:30 AM Referred by _____
 Age 10 Sex F Date _____
 Chief Complaint Ab. C. Pain Below Left IC Rib
Low weight physical exam & history



History in Present Illness _____
 Past Medical History _____
 Family History _____

Personal History: Married Since when _____ Unmarried
 Menstrual History: LMP _____ EOC _____ (if applicable) POG _____
 Tobacco: _____ Alcohol: _____ Drugs: _____
 Obstetric History: G P A L Conceived: Spontaneous Or Intended

Previous pregnancies

S.No.	Year	Gestation	Mode of Delivery	Baby Details	Any Complication
1					
2					
3					

Any Complication / high risk in current pregnancy: _____

VEDAANT

9625807420, 9718490111
vedaantdiagnostics@gmail.com

Laboratory Test Report

Pt. NAME	: B/o Siya	Age	: 4 Months
Ref. By	: Disha Child Clinic	Sex	: Male
Date	: 20-Jan-2025	Path. No	: 19667

TEST	RESULT	R VALUE
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HAEMATOLOGY REPORT

HAEMOGLOBIN	11.2	10-12 g/dl Adult Female 12-18 g/dl Adult Male 14-23 g/dl Infants
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TOTAL LEUCOCYTE COUNTS	18,400	4000-11000 Cells/Cumm
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DIFERENT LEUCOCYTE COUNTS

POLYMORPHS	37	40-70 %
LYMPHOCYTE	56	25-40 %
EOSINOPHIL	06	01-06 %
MONOCYTE	02	01-05 %
BASOPHIL	00	00-01 %

E.S.R (Wintro)	05	0-25 mm/1 st Hour Reading
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PLATELET COUNTS	8.96	1.5-4.0 Lakhs/Cumm
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TIBC	3.41	4.0-6.0 Millimol
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PCV	29.3	40-45 %
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MCV	86.2	80-95 Micron
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MCH	32.8	27.5-33 Micro-gram
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MCHC	38.2	33-36 %
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End of Report



THE CURABLE TRUST

DR. JYOTI MAR
CONSULTANT PATH

VEDAANT Diagnostics