SAVE A CHILD FOUNDATION

डा. बी. आर. अम्बेड
Dr. B.R. Ambedkar
अ.भा.आ.स. अ
बहिरंग रोगी
अस्पताल के अन्दर धूम्रपान म

OPR-6

OPD Ticket
DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 292245 Reg.Date-10/06/2023
Clinic PAC & Palliative Care Clinic Clinic No. 69907/2023
Deptt. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)
General
UHID-106552532
नाम शान बघमरे बघमरे
Name SHAN BAGHMARE Sex/Age M /1Y
S/O- RAKESH BAGHMARE Room 60 (Shift Morning)

एकक/Unit NO
विभाग/Dept OSB/DP
नाम/Name
F / S
Birth

निदान/Diagnosis RMS

तिथि/Date	उपचार/Treatment
Date 16/11/2023	Course 6 CT 16/11/23 कीमत-15 inj. Zofer 4mg IVP inj. Actinomycin D 0.5mg IVP inj. VCR 0.6mg IVP 16/11 23/11 30/11 HT wt = 9.9kg F/UCM 7/12/2023 CBC Deepam

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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)
मरीजों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation pa

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Institute Rotary Cancer Hospital
E/A.I.I.M.S. HOSPITAL
Out Patient Department

OPR-4

Name: SHIVA KALDHALAKE
Sex: M
Age: 10 Years
Date of Birth:

Diagn./Diagnosis: RMS

Diagn. Date	Update/Treatment
12/10/23	→ c/s/1 paediatric Oncology clinic → F/u/c of Rt orbital RMS → post CT → RT left # on 22/9/23 → c/o- Haematuria H/u 19/10/23 ē CBC Vcdel 8m/MO
16/10/23	c/s/B SRMO Plan PRBC transfusion (150 ml) (Daycare) New Pvt Ward H/u 19/10/2023 ē CBC/ ~~[illegible]~~ Blood Bank

wt. 10 kg

Daycare 16/10/23

PRBC 17/10/23 Time 7:50 AM

Appointment Date: ..... Time: .....

MEDICAL ONCOLOGY
Dr B.R.A. IRCH, AIIMS

06

Shaly

file please
Sandy Agarwal 19/10/23

अंगदान जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.स. अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग/Out Patient Department
अस्पताल के अन्दर धुम्रपान मना है

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 292245 Reg.Date-15/03/2023
Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 2023//20871
Deptt. MEDICAL ONCOLOGY
General
UHID-106552532
नाम शान बघमरे बघमरे
Name SHAN BAGHMARE
S/O- RAKESH BAGHMARE Sex/Age M /1Y
Room 13 (Shift Morning)
Address ATHNER, BHAINSDEHI, , BETUL,, MADHYA PRADESH, Pin:460110, INDIA

एकक/Unit Dr SB/ DrDP IRC
विभाग/Dept. med onco

नाम/Name	पिता/पुत्र/ F/S/W	Birth
Shan		

निदान/Diagnosis RMS

दिनांक/Date	उपचार/Treatment
3/8/23	P/ PCP pneumonia – Resolved RT Delayed Adv - to await RT - to cont antibios as advised by RT - R/V – 10/8/23
10/08/23	- to Await RT to ~~start~~ conc. VCR - R/V on 16/8/23

6
12 OCT 2023

OPH-27
9 → 12/10/23

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Process/Ayushman BIS (2) Mrak emrs

RADIOLOGY UNIT रेडियोलोजी एकक

डा. बी. आर. अम्बेडकर संस्थान रोटरी केन्सर अस्पताल, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली–110029

DR. BR Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi-110029

APPOINTMENT FOR RADIOLOGICAL TEST रेडियोलोजी टेस्ट की तारीख

Name of the Patient : Shan Baghmare UHID No.

Age/Sex : 1/M IRCH No. 292245

Scheduled date तारीख 9/11/23 14/11/23 Room No. कमरा 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 5/12/23 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 19/10/23 9/11/23 14/11/23 Date given on:

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

- ☑ Bring contrat injection (Iomeprol400mg/Iohexol350mg/Iobitridol350mg/other equivalent.....30.....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. 200/300/750/1500/..... 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

बेहोशी की जांच कराएं। Day Care में भर्ती के लिए Bed बुक कराएं।

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 No. 9 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर 9 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_____

Date : _____ Relation with the Patient _____

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बहिरं
अस्पताल के अन्दर

OPR-6

Address ATHNER, BHAINSDEHI, , BETUL,, MADH... Pin:460110, INDIA

DR. B.R.A. IRCH,AIIMS,NEW DELHI
Reg.Date-15/03/2023
IRCH No. 292245
Clinic No. 2023/20871
Clinic Paed. Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General
UHID-106552532
नाम शान बघमरे बघमरे
Name SHAN BAGHMARE
S/O- RAKESH BAGHMARE
Sex/Age M/1Y
Room 13 (Shift Morning)
Address ATHNER, BHAINSDEHI, , BETUL,, MADHYA PRADESH,

एकक/Unit Dr. A. Biswas
विभाग/Dept.
नाम/Name
Date of Birth

निदान/Diagnosis RMS, orbital

दिनांक/Date	उपचार/Treatment
14/7/23	Plan :- RT simulation + GA.
	Adv:
	① To admit in Ro-ward (IRCH 1st floor) on 15/07/23
	② RPAC
	③ Planning CT after visit tentatively on 17/07/23
	④ Syp. A to Z 5ml PO OD }
	⑤ Syp. Ulcol 5ml PO OD } tonight
	17/7/23
	Dear Colleague, Kindly issue the WBPETCT film & CD for Radiotherapy planning. Thanking You.

25/8/2023
To the SMO(IST), Please exempt RT charges (PM-JAY card holder)

GA

Date & time
17/8/23 - 9Am
18/8 - 8Am
21/8 - 8Am
22/8 - 8Am
28/8 - 8Am
29/8 - 8Am
30/8 - 8Am
31/8 - 8Am
1/9 - 8Am
4/9 - 8Am
5/9 - 8Am
6/9 - 8Am
8/9 - 8Am
11/9 - 8Am
12/9 - 8Am
13/9 - 8Am
14/9 - 8Am
15/9 - 8Am
19/9/23 - 8:00Am
20/9/23 - 9Am
21/9/23 - 9Am
23/9/23 - 9Am

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 outstation patients

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(124)

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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग/Out Patient Department
अस्पताल के अन्दर धुम्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

शरीरमाद्यं खलु धर्मसाधनम्

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 292245 Reg.Date-15/03/2023
Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 2023//20871
Deptt. MEDICAL ONCOLOGY
General
नाम शान बघमरे बघमरे UHID-106552532
Name SHAN BAGHMARE
S/O- RAKESH BAGHMARE Sex/Age M /1Y
Room 13 (Shift Morning)
Address ATHNER, BHAINSDEHI, , BETUL,, MADHYA PRADESH, Pin:460110, INDIA

IRCH No. 292245 RT 122238
बा०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

पत्नी/पति/पुत्री / H / D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
Shan			

Orbital RMS ; IRS group III

दिनाक/Date	उपचार/Treatment
28/9/23	RT completion Summary Patient completed local RT 50Gy/25#/5wks ↓GA to (R) orbit using partial arc VMAT technique by 6MV xRay photons WEF 14/8/23 - 23/9/23 in VERSA-HD. Toxicities during RT (Max/Current) Dermatitis Gr I / Gr I Eye Gr I / Gr I → Developed Klebsiella UTI during RT → Developed hematuria x 8 days back USG KUB - WNL Adv - Syp sephar 5ml OD to be continued - Syp vitcofol 5ml OD

(13)
27 OCT 2023

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Dr. B.R. Ambed ... al
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बहिरंग र
अस्पताल के अन्दर धुम्र

OPR-6

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Address ATHNER, BHAINSDEHI, , BETUL,, MADHYA PRADESH, Pin 460110, INDIA

एकक/Unit MO
विभाग/Dept. onco/DP

नाम/Name | Date of Birth

निदान/Diagnosis RMO

दिनांक/Date	उपचार/Treatment
Date 13/07/2023	Under RT planning
	F/up 20/07/2023. Deepa
14/7/23 Insert RT feed / clear	Room NO-15
RT No: 8 Vandana	20/07/23
60	R/v — 3/8/23 c̄ CBC LFT RFT.
01 AUG 2023	Pt currently adm & RT for mgmt of PCP pneumonia.
	→ to inform if any RT plan changed.
	31/07
	Remove NG tube

Wonder RN-12
20/9/2023
27/9/2023

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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
.M.S. HOSPITAL
ent Department
IBITED IN HOSPITAL PREMISES

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 292245 Reg.Date-24/03/2023
Clinic Radiotherapy Evaluation Clinic No. 122238/2023
Deptt. RADIATION ONCOLOGY
General
UHID-106552532
नाम शान बघमरे बघमरे
Name SHAN BAGHMARE
S/O- RAKESH BAGHMARE
Sex/Age M/1Y
Room 13 (Shift Morning)
Address ATHNER, BHAINSDEHI, , BETUL, MADHYA PRADESH
Pin 460110, INDIA

(2)

पंजीकृत सं०/O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
	1yr	

निदान/Diagnosis RMS

दिनांक/Date	उपचार/Treatment
	P/VAC → FN
6/5/23	Rx:
D1 6/5/23 (M)	- Inj° megnex 1 gm IV BD.
	- Inj° G-CSF 50 ugm s/c OD
	- Inj° meropenem 220 mg IV BD. } x 5 day
D2 7/5/23 (E)	R/V - 8/5/23
D3 8/5/23 F	P/C #2 - VAC/V - Day + 12
	8/5/2023 Adv → refer to pediatric casualty
	(c/o/v Inf SB Sn) → Stop Magnex to continue casualty
	- Inj. Zosyn - 800 mg i.v. TDS s/c
	- Inj Meropenem - 220 mg IV BD
	- Inj Teicoplanin - 80 mg IV @ 0, 12, 24 hours fr OD
	- Med onco Sn to review

NANLU RODMNO (12)
9/5/2023
12/5/2023
15/5/2023, 18/05/2023, 25/05/2023

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- continue GCSF
- N/V - 10/5/2023

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संस्थान रोटरी कैंसर अस्पताल
titute Rotary Cancer Hospital
ल/A.I.I.M.S. HOSPITAL
/Out Patient Department
MOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

D. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

ते/पुत्री F / S / W / H / D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
			10/2/13 / 10/2/0

निदान/Diagnosis: Orbital RMS.

दिनांक/Date	उपचार/Treatment
17/05/23	- neospom oint L/A BD x 5 days. 5 दिन - 1% permethrin oint L/A — below the neck — L/A @ night then bath in morning - Go for WKH 6 VAC — . CTD1 18/5/23 inj E mset 4 mg IVP inj Dexa 4 mg IVP inj VCR 0.65 mg IVP [18/05, 25/5, 01/6] CTD2 19/5/23 inj Endoxan [250 mg 18/5, 250 mg 19/5] inj mesne 200 mg IVP [18/5, 19/5] inj Act-D 0.5 mg IVP - 18/5 कमर दर्द

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
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Unique Identification Authority of India, Government of India / भारतीय विशिष्ट पहचान प्राधिकरण, भारत सरकार

AADHAAR

Acknowledgement/ Consent for enrolment / पावती / नामांकन हेतु सहमति

Enrolment No/नामांकन संख्या: **0852/90115/00045** ***This is not the Aadhaar Number*** **Date**/तिथि: **17/11/2022 12:58:32**

Appointment No/नियुक्ति संख्या: **-NA-**

Shan Baghmare (Male)

C/O: Rakesh Baghmare

Address:

Athanair,

Athner, Bhainsdehi, Betul, Madhya Pradesh, 460110,

Pooja Baghmare (Mother)

शान बाघमारे (Male)

द्वारा: राकेश बाघमारे

पता:

अथानेर,

आठनेर, भैंसदेही, बैतूल, मध्य प्रदेश, 460110,

पूजा बाघमारे (माता)

Fingerprint quality

Fingerprints are not captured for minors.

Date Of Birth/जन्मतिथि: 14/11/2021 (VERIFIED)

DOB doc: Birth Certificate issued by Registrar of Birth, Municipal Corporation and other notified local government

Email/ईमेल: Not Given

Proof of Relationship to HOF: Birth Certificate issued by Registrar of Birth, Municipal Corporation and other notified local government bodies like Taluk, Tehsil etc.

Information Sharing Disclosure/जानकारी साझा करने के प्रकटीकरण: Yes/हाँ

Biometrics Captured: Face

Location Id: Client Locatio

Enrolment Agency: WCD Govt. of MP

Registrar: WCD Govt. of MP

You can get only one Aadhaar number.Please do not enrol again unless asked to.

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016:

I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

SAVE A CHILD FOUNDATION