





35/10
 DEPARTMENT OF RADIOLOGY & IMAGING
 डॉ. विवेक बल्लभ पन्त स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
 GB PANT INSTITUTE OF POST GRADUATE MEDICAL
 EDUCATION & RESEARCH (GIPMER) (GOVT. OF NCT OF DELHI)



D9

REQUISITION / INSTRUCTIONS CONSENT FORM FOR CT SCAN

Incomplete form will not be accepted

Name of Patient	Age	Sex	Ward	Bed No.	Unit	C.R. No.
Tejas	1	m				9/10/18
Head of the unit	Dr. Sanket Aggarwal		OPD 127191	OPD No.		Date
Exact part to be examined	CT heart to look for heart & great vessels & Branch PAs					

Personal History : History of heart disease / renal impairment / previous surgery infections / allergy to iodinated contrast/any other allergy.

LMP (Wherever applicable)

Short Clinical History and duration of illness/Clinical diagnosis:

ECHO / DORV / large heart vsd

Result of Previous Investigations: (Please send hard copy Images of previous radiologic examination with this form)

28 Jul 2018
 14-11-2018

Whether paid or free :

Justification for free recommendation :
 Photocopy of NFSE



TO COME ON.....
 ROOM NO. AT 9.00 AM
 ATO

Signature of Referring Consultant with Stamp

Signature of HOD Radiology (For Free Cases Only)

Signature of M.S. with Stamp (For Free Cases Only)

INSTRUCTIONS

खाली पेट

- Appointment is fixed on _____ at _____
- The patient should be fasting for at least Six Hours / overnight.
- Charges _____ to be deposited at Main Enquiry Reception, GIPMER on the same day.
- Patients who are on some medications should take the morning does with a sip of water.
- PAC to be in GIPMER in Room No. 1117 / Ward.

Date: 11/11/18

C.T. No.

P.T.O.

GIPMER



Department of Cardiology
 Echocardiography & Doppler Report

Name: Netur Age & Sex: 14/M OPD/CR. No. 127171 Echo No.
 Doctor: Amma Date: 24/9/18

Clinical Diagnosis:

Measurements

LVAo	LVIDd/LVIDs	FS	EF (m-mode)
RVID	IVSd/IVSs	PWTd/PWTs	RA
SVC	IVCi/IVCx	MPA	LPA
RPA	As Ao	Des Ao	MVA
ASD/NSD/PDA		LV Mass	2D-LV Volumes

2D Echo Description

Valves: SS, LC
 Chambers: large mitral VSP
 Septa: malpositioned
 Segmental Wall Motion: no flow across interatrial septum
 CO: Aschc over Raly 75HR
 Mass/Veg/thrombus/other: severe MR, regurg 76mm pressure
 Others: as ASD (b/d) flow

Final impression: CCHD / DoRV / large mitral VSP

Asw
Contact Ram
EP5
Plan
single ventral
repair



Pre Anesthesia Checkup (PAC Form)

Name: एस.एस.
Age/Sex: 1/1M
Diagnosis:
Proposed Surgery

Unit Dr. Saket
Blood Group

C.R. No./OPD No. 127191
Ward/OPD

Date 11/10/18
PAC No. 8694

CCHD/DORV / large int vent VSD

History :

Cough
Expectoration +
Dyspnoea - II III IV
COPD
Smoking/Alcohol
Previous Surgery -ve
Drug Allergy
Drug Therapy

Chest Pain
Palpitation
Syncope -ve
Oedema
Cyanosis

Seizures
Paresis
Jaundice
Tuberculosis
Fever

FTMVD @ hospital, fully immunised.
Hypertension
Diabetes
CAD
Bleeding Disorders -ve

Examination :

Pulse 100/min
Oral hygiene: Good/Poor
M.P.G. I/II/III/IV

B.P. —
Loose Tooth —
cant be assessed

Wt. 7 Kg.
Artificial Denture —

Build: Good/Poor/Average
Intubation Difficulty —

Systemic Examination :

Resp. System: B/C A/C
CVS S/S 2F
CNS
GIT

Investigations :

Hemogram :

Hb 11.2 TLC 9900 DLC P 36 L 51 M 07 E 06 ESR

Platelets 3.71 BT CT PT (Cont. Sec)

Biochemistry

LFT: Bilirubin 0.3 SGOT 30 SGPT 16 Alk PO₄ ase 246
Proteins 6.3 Alb 4.6
KFT: Urea 28 Creatinine 0.3 Serum Na/K 136/5.0

Others :

Blood Sugar (F) (Random) 67 (PP)
ASO ERP Hbs Ag +/- — HCV +/- — HIV +/- —

ECG
Echocardiography: CCHD/DORV / large int vent VSD EPS
Angiography

Pulmonary Function Tests
X-ray Chest Cardiomegaly
Any Other Remarks :

Adv
- Get ECG done.
- Get ASO, CRP
- Pt poor fit for sx.
- Final fitness by OT consultant.

ASA Grading _____ I / II / III / IV / E

Advice :

Nil By Mouth
Premedication
Review PAC

Name: Dr. Sitender
Signature: [Signature]
Designation: DR.



DEPARTMENT OF RADIOLOGY & IMAGING

Govt. of N.C.T. of Delhi

गोविन्द बल्लभ पन्त स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान

GOVIND BALLABH PANT INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (GIPMER)
1, Jawahar Lal Nehru Marg, New Delhi - 110 002



P-9

REQUISITION FORM FOR X-RAYS / SPECIAL INVESTIGATIONS

Incomplete form will not be accepted

Name of Patient	Age	Sex	Ward	Bed No.	Unit	C. R. No.
Tesed	1	M				
Referred by	DR Saket Agarwal		OPD	OPD No.	Date	
Exact part to be examined	C-X-R PAW		12/11/2010			
LMP (Wherever applicable)	Previous X-ray Examination (Send skiagram of previous examination with this form)					
	-PAC					

Short Clinical History and duration of illness/Clinical diagnosis:

5265T
9/10

Personal History: History of heart disease / renal impairment / previous surgery infections / allergy to iodinated contrast / any other allergy.

54031
16/10

Medical Officer/Designation

DATE OF X-RAY / SPECIAL INVESTIGATION:

INSTRUCTIONS TO THE PATIENTS FOR SPECIAL INVESTIGATIONS:

(Tick whichever is applicable)

- Report at 9 AM in Room No.
- Take light dinner the day before investigation.
- Tablet Dulcolax 2 HS.
- Tablet Charcoal 4 HS.
- Overnight fasting.
- Please wear light cotton clothes.
- Do not wear any jewellery / metallic object.
- Can take light breakfast early in the morning.

X-Ray Register No.

No. of size of films

Technician

REPORT OVERLEAF



Govt. of National Capital Territory of Delhi

गोविन्द बल्लभ पन्त

स्नातकोत्तर आर्युर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
9, जवाहरलाल नेहरू मार्ग, नई दिल्ली - 110002

Govind Ballabh Pant Institute
of Post Graduate Medical Education & Research (GIPMER)
1, Jawahar Lal Nehru Marg, New Delhi - 110 002

OUT PATIENT REGISTRATION CARD

PATIENT'S COPY

011-23233001
011-23234242

46
438

9 OCT 2018

CTVS
CARDIO

PACNO
8694
16/10/18

Dr. Saket Agarwal (409)

12719

Tue / CTVS

P.N.
S/O
R/O

Tejas — Brijesh

656/1 A, Gali No. 3, Punjabi Bashi, Anand Parvat, Karol Bagh, DL

Mobile / Ph. No. :

PROVISIONAL DIAGNOSIS :

Blood Group _____

EXAMINATION :

TREATMENT :

INVESTIGATIONS :-

- HEMOGLOBIN
- TLC
- DLC
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN TIME
- URINE (R/M)
- URINE (C/S)
- STOOL (R/E)
- STOOL (OCULT BLOOD)
- MISC.....
- LIVER FUNCTION TEST
 - S. BILIRUBIN T/D
 - AST /ALT
 - ALKALINE PHOSPHATE
- S. PROTIEN T/D
- S. AMYLASE
- HIV
- HBsAg
- ANTI HBc
- Anti HCV
- KIDNEY FUNCTION TEST
 - B. UREA / S. CREATININE
- LIPID PROFILE
 - TOTAL CHOLESTEROL
 - HDL / LDL / VLDL / TG
- BLOOD SUGAR
 - FASTING / RANDOM / PP
- S. ELECTROLYTE
- X-RAY
- ULTRASOUND.....
- CT SCAN.....
- MRI.....
- E.C.G.....
- 2D ECHO / DOPPLER
- T.M.T.....
- HOLTER.....
- E.E.G. / E.M.G.....
- Others.....

CCMD/DORV / Large mitral VSD
malpound G.A.S.
OSASD - (b/d) flow

CT meant to look for
Heart Granuloma
Brach PA's

दवाई का नाम Name of Medicine	खाली पेट Empty Stomach	नवरात Breakfast	दोपहर का खाना Lunch	रात का खाना Dinner
1. Tab Ciplox	5mg PM.			
2. Tab FA	100			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

52651
6/10

54031
16/10

REGISTRATION
16/OCT/2018
CTVS
CARDIO

शराब पीना एवं धूम्रपान स्वास्थ्य के लिए हानिकारक है

OFFICE OF THE MEDICAL SUPERINTENDENT
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
GB PANT HOSPITAL - NEW DELHI

CB

Preparing Dated 25/10/18

TO WHOM IT MAY CONCERN

Certified that patient Tefar Sex Age 1 Year/11
Sto/Dia/Wto Boujeeb Kumar R/o 656/1A Lali No-3, Anand Bahas under
treatment in the Cardiology Department of this hospital vide OPD/CR No 127191 as
per estimate submitted by Dr. Sanjeev Kathuria Asstt. Professor of Department of
Cardiology of this hospital the approximate expenditure on treatment/operation is given
below:-

<u>Particulars</u>	<u>Amount</u>
ASD device	Rs. 1, 00,000/-
PDA device	Rs. 54,500/-
	<hr/>
	Rs. 1, 70,000/-

(Rs. One lac seventy thousand only)

Dr. SANJEEV KATHURIA
ASSTT. PROFESSOR
DEPARTMENT OF CARDIOLOGY
GB PANT HOSPITAL
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
25/10/18

Medical Superintendent
GB PANT HOSPITAL-NEW DELHI

Note:-The patient will be tentatively admitted/operated on _____ as reported by
the Consultant _____

Copy to - Dr. Sanjeev Kathuna Asstt. Professor of Department of Cardiology

THE DEMAND DRAFT/PAY ORDER MUST BE ISSUED IN FAVOUR OF MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL, NEW DELHI ALONGWITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED THIS CERTIFICATE IS ISSUED ONLY ONE TIME

DECLARATION BY PATIENT

1. The above mentioned particulars (Name, age/Sex and address etc) are corrected as per the documents i.e Ration Card/ Voter/ Card..
2. I have not applied for another Estimate Form from any other department of this hospital.