



Name Yashu (G) Age & Sex 24/F OPD/CR No. 1988292 Echo No. \_\_\_\_\_  
 Operator Dr. Hari Singh Wt./Ht. \_\_\_\_\_ Date 19/2/19  
 Clinical Diagnosis \_\_\_\_\_

Measurements

LA/Ao	LVIDd/LVIDs	FS	EF <u>60</u>
RVID	IVSd/IVSs	PWTd/PWTs	RA
SVC	IVCI/IVC	MPA	LPA
RPA	AsAo	DesAo	MVA
ASD/VSD/PDA		LV Mass	2D-LV Volumes

2D Echo Description

Valves  
 Chambers  
 Septa  
 Segmental Wall Motion  
 CO  
 Mass/Veg/thrombus/other  
 Others :

3-5  
Leucocardia  
 Doppler Data  
 NRCA ↑  
 MV  
 AV | UA concord  
 AV  
 TV  
 PDA ⊕ (L → R) shunt  
 HR  
 (4mm)  
 PA pressure  
 No AS / AR (ms) / MR (ca) / PS

Final Impression \_\_\_\_\_  
ACHD PDA (L → R) shunt

(Sign)

Dr. Hari Singh

L

OFFICE OF THE MEDICAL SUPERINTENDENT  
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI  
G.B. PANT HOSPITAL: L.N.MARG: NEW DELHI

**(ESTIMATES FORM FOR ALL SURGERIES AND PROCEDURES OF G.B. PANT HOSPITAL)**

**(TO BE FILLED BY THE TREATING CONSULTANT / SURGEON):-**

Columns 1, 2, 3 & 4 as per documents / OPD form, Ration Card and Voter I. Card.

- Name of the patient Yashvir s/o, d/o, w/o Pawan
- Address 42-115, Sahasra Park
- Age: 21 Sex F Department CPRO. NCT
- OPD/CR No. 1991592 Treating consultant/ surgeon Sanjeev Khosla
- Diagnosis of the diseases POD
- Details of consumables, treatment/operation required:

POD Bilateral  
R to Yash

Item code 70-587-  
R. 48000/-  
+ Vat @ 5% R. 2400/-  
R. 50400/-

- Whether the patient pertains to:  
(a) Self paid (b) DAN/RAN (c) any other source of funding.

Note: The patient will be tentatively admitted/ operation date

Sanjeev Khosla  
Signature & Stamp of treating consultant/surgeon:  
Dr. SANJEEV KHOSLA  
Associate Professor  
Dept. of Cardiology  
G.B. Pant Hospital, New Delhi-110002  
Govt. of NCT of Delhi

Dr. SANJEEV KHOSLA  
Associate Professor  
Dept. of Cardiology  
G.B. Pant Hospital, New Delhi-110002  
Govt. of NCT of Delhi

19/4/19

(To be filled by the Purchase Department) Amount + vat

(Rupees in words: Forty Eight thousand only.)

Note: The demand draft / pay order must be issued in the name of **MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL, NEW DELHI** ALONG WITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. This certificate is issued only.

**DECLARATION BY PATIENT**

I have not applied for another estimate from any other department: DAN/RAN/PMO etc.

SIGNATURE OF PATIENT/ RELATIVE: .....

SIGNATURE OF MEDICAL SUPERINTENDENT  
G.B. PANT HOSPITAL

- Copy to : 1. Treating surgeon/ consultant.  
2. Purchase office (with photocopy of receipt of payment).

Sanjeev Khosla  
19/4/19  
Medical Superintendent  
G.B. Pant Institute of PG  
Medical Education & Research  
Govt. of NCT of Delhi  
New Delhi-110002



# GOVIND BALLABH PANT HOSPITAL

1, Jawaharlal Nehru Marg, New Delhi-110002

गोविन्द बल्लभ पंत चिकित्सालय

नई दिल्ली-110002

## OUT PATIENT REGISTRATION CARD

34

Unit II ; Dr. V. TREHAN, SANJEEV  
EDP OPD BLOCK - Room No. : 04.15  
Clinic : PAED CARDIOLOGY ( Fr. G.B. Pant Hospital, New Delhi-110002  
Govt. of NCT of Delhi

OPD REGN NO : 19913

Patient's Name : YASIKA  
Father's Name : PAWAN  
Address : WZ 115 SAKUR PUR GAO UP  
UP

Age/Sex : 2 FEMALE  
Category GENERAL

DATED : PROVISIONAL DIAGNOSIS :

Allergic to

16- 2-2019 14:25:39 / New

EXAMINATION / TREATMENT :

PO244

### INVESTIGATIONS :-

- HAEMOGLOBIN
- TOTAL LEUCOCYTE COUNT
- DIFFERENTIAL LEUCOCYTE COUNT
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN TIME

- URINE (R/M)
- URINE (C/S)
- STOOL R/E
- STOOL OCCULT BLOOD
- MISC

- LIVER FUNCTION TEST
  - S. BILIRUBIN T/D
  - AST /ALT
  - ALKALINE PHOSPHATE
- S. PROTIEN T/D
- S. AMYLASE
- HBsAg
- ANTI Hbc
- KIDNEY FUNCTION TEST
  - B. UREA / S. CREATININE
- LIPID PROFILE
  - TOTAL CHOLESTEROL
  - HDL / LDL / VLDL / TG
- BLOOD SUGAR
  - FASTING / RANDOM / PP

- X-RAY .....
- ULTRASOUND.....
- CT SCAN.....
- MRI .....
- E.C.G .....
- 2D ECHO / DOPPLER
- T.M.T.....
- HOLTER.....
- E.E.G./E.M.G.....

Hb 12.5 g/dl  
Hx clonidine  
Hx celo painkillers

Old Chest - scales  
Cul - on treatment

1 yr treated or 6m On

Dr. S. K. KATHURIA

Dept. Paed  
G.B. Pant Hospital, New Delhi-110002  
Govt. of NCT of Delhi



पता : URU1599470

इन्डियन-115, गाँव, शकुर  
पुर, दिल्ली

Address :  
WZ-115, VILLAGE, SHAKUR PUR,  
DELHI


Date : 22/08/2013

16-वि. प्र. विधानसभा निर्वाचन  
के निर्वाचक रजिस्ट्रार कार्यालय के  
अधीनस्थ  
Facing the Signboard of the Electoral  
Registration Office for 16 TRU NAGAR  
Assembly Constituency (K)

यदि आपकी ओ. ए. नं. या पता बदल  
दिता है तो आपको इसे नए पता पर  
एक नए फॉर्म का उपयोग करके भेजना  
होगा जो नए पता पर भेजा जाना चाहिए।  
In case of change in address, mention this card  
number in the relevant Form for including your name  
in the roll of the changed address and to obtain that  
card with the same number. 26/5/09

भारत निर्वाचन आयोग  
पहचान पत्र  
ELECTION COMMISSION OF INDIA  
IDENTITY CARD

URU1599470



मतदाता का नाम : पवन कुमार शर्मा  
Elector's Name : PAWAN KUMAR  
SHARMA  
पिता का नाम : रविंदर कुमार शर्मा  
Father's Name : RAVINDER KUMAR  
SHARMA  
लिंग / Sex : पुरुष / Male  
1.1.2013 को आयु : 23 Years  
Age as on 1.1.2013 :