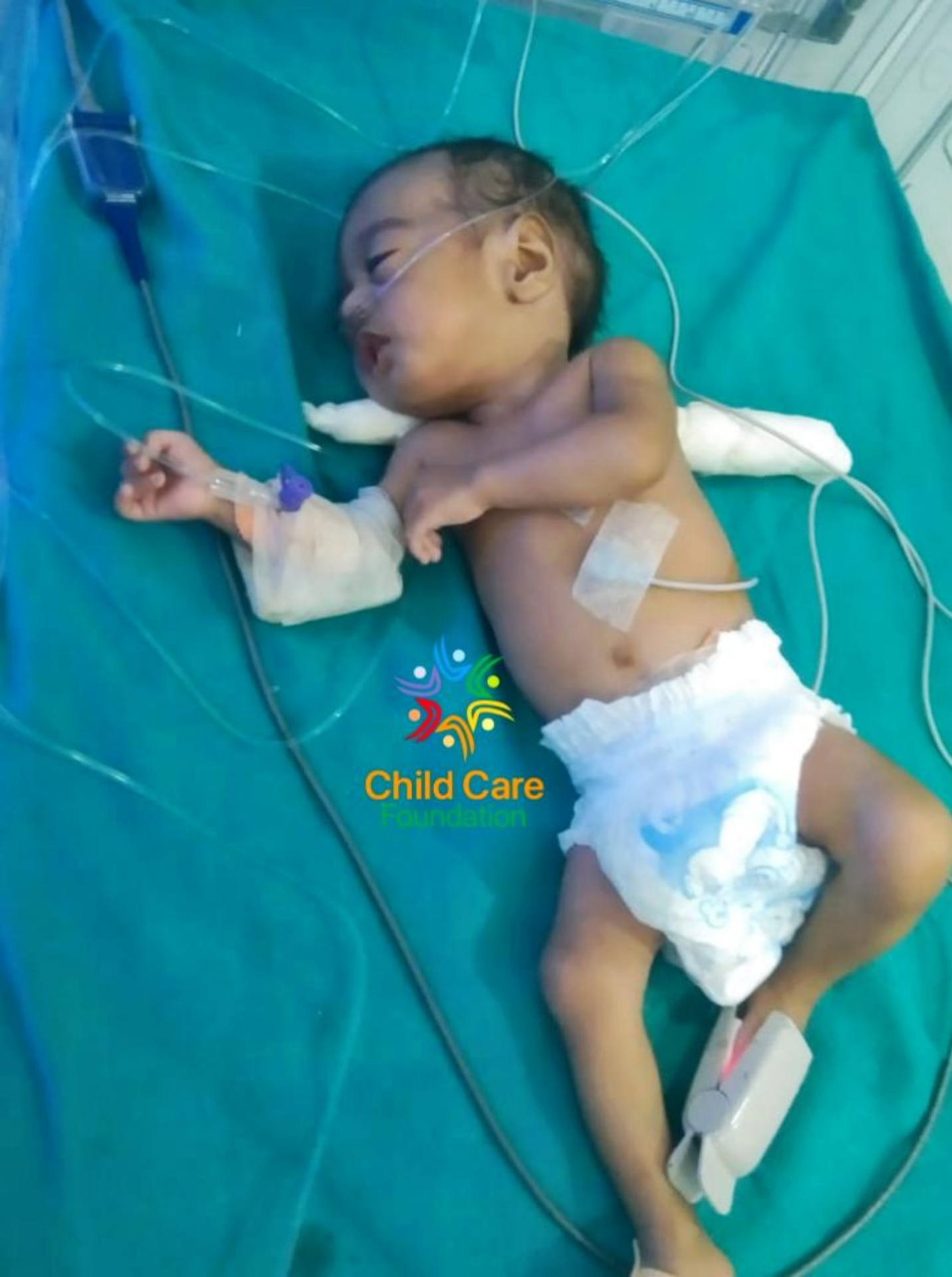
Child Care
Foundation

EDAANT
GNOSTICS

9625807420, 9718490111
vedaantdiagnostics@gmail.com

Laboratory Test Report

Pt. NAME	:- B/o Payal	Age	:- 1 Days
Ref. By	:- Disha Child Clinic	Sex	:- Female
Date	:- 22-Jan-2025	Path. No	:- 19682

TEST	RESULT	N.VALUE
HAEMATOLOGY REPORT		
HAEMOGLOBIN	13.4	10-12 gm/dl Adult Female 12-16 gm/dl Adult Male 14-23 gm/dl Infants
TOTAL LEUCOCYTE COUNTS	16,900	4000-11000 Cells/Cumm
DIFERENT LEUCOCYTE COUNTS		
POLYMORPHS	72	40-70 %
LYMPHOCYTE	18	25-40 %
EOISNOPHIL	07	01-06 %
MONOCYTE	03	01-05 %
BASOPHIL	00	00-01 %
E.S.R [Wintro.]	04	0-05-mm/1st Hour Reading
PLATELET COUNTS	1.47	1.5-4.0 Lakhs/Cumm
TRBC	3.56	4.0-6.0 Million/ml
PCV	33.0	40-46 %
MCV	92.7	80-96 Micron
MCH	37.6	27.5-33 Micro gram
MCHC	40.6	33-35 %

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End of Report

DR R KUMAR
CONSULTANT PATH

VEDAANT Diagnostics

B-1, Pocket - 6, Sec-5, Rohini Delhi-110080

Mobile : 9315741619
Disha Multispeciality Hospital &
Maternal Child Healthcare Centre
LONI MAIN TIRAHA SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U.P.)-201102

Patient Name: mo B/o Payal
Age: 1 Hour Sex: M Room No.
IPD No. 876 UHID No. 30631
Consultant Name: Dr Anil Kumar

History Sheet
(To be filled on Admission)

Unit & Consultant:
Dept:
Date of Admission: 22/1/25 Time: 5:55 Pm Recorded By:
Others:
Allergies Food
Drug
Chief Complaints: C/o Grunting c̄ Low Saturation

History or Present Illness:

Past Medical History:

Family History:

Unmarried ☐
Personal History: Married ☐ Since when (If applicable) POG
Menstrual History: LMP: EDD Drugs:
Tobacco: Alcohol:
Obstetric History: G__P__A__L__ Conceived: Spontaneously ☐ Or infertility Rx ☐
Previous pregnancies:

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

Any Complication / high risk in current pregnancy:

DISHA MULTISPECIALITY HOSPITAL

Weight 2.5 Kg

Maternal Child Healthcare Centre
Loni Main Tirahe Sharanpur Road, Opp. Shankar Palace, Ghaziabad, UP. 201102
9315741519.

Admission & Discharge Record

Patient Name	UHID	IPD No.	Age	Sex	Ward /Room
Babyof PAYAL	3063	876	1 HOURS	Female	General Ward-

S/O	Phone No. 8527151031 Patient Type
DEEPU	General

Full Address	TEEMAR PUR DELHI

Date & Time of Admission	22/01/2025 05:55 PM
Date & Time of Discharge	
Hospital Stay (No. of Days)	

Provisional Diagnosis	Clinical Assessment on Admission B.P Pulse Temp SPO2
Final Diagnosis	
Secondary Diagnosis or Complication	
Operation / Special Procedure	

Wt. - 2.5 kg

RESULTS	Improved	Referred	Left Against Medical Advise	Discharge on Request	Absconded

Dr. Anil Kumar Singh-MBBS MD
Doctor Name & Signature

Patient Name & Signature

Disha Multispeciality Hospital & Maternal Child Healthcare Centre

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

TREATMENT CHART

OPD No. Sex F Age 1 HOUR MRD No.

Name of Patient B/o PAYAL Ward/Dept. Bed No.

Name of Medicine	Dose	Date 23/11/25	Date	Date	Date	Date
IVF 10% D 8 ml/HR						
INJ- TAXIM 125mg TDS						
INJ- AMIKACIN 35mg OD						
BIOUS 80mL STAT IV						

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.)

हमें इसे बात से अवगत करा दिया गया है कि हमारे मरीज B/O Payal की सुपुत्र Deelu निवासी Teema Puri Dehli की बीमारी [illegible] बेहद गम्भीर है। न सिर्फ बीमारी से बल्कि उपचार से भी आकस्मिक तौर पर मरीज की हालत बिगड़ सकती है, यहाँ तक की मृत्यु भी सम्भव है। इस बीमारी से सम्बन्धित समस्त सुविधायें भी यहाँ पर उपलब्ध नहीं है और हमारी आर्थिक स्थिति भी ऐसी नहीं है कि हम अपने मरीज को गंगाराम, मूलचन्द, एस्कॉर्ट आदि सुविधा सम्पन्न अस्पताल में ले जा सकें। हम सरकारी अस्पताल में भी ले जाना नहीं चाहते हैं। इन सभी के बावजूद हम अपनी इच्छा से अपनी जिम्मेदारी पर, इसी नर्सिंग होम में अपने मरीज का इलाज करना चाहते हैं। अगर किसी समय हमारी स्थिति किसी दूसरे बड़े अस्पताल में ले जाने की हो जाती है तब हम अपनी जिम्मेदारी पर स्वयं ही ले जायेंगे ।

मरीज/सम्बन्धी के हस्ताक्षर ....

सम्बन्ध Father

गवाह .... दिनांक 22/1/25

RELEASE FROM RESPONSIBILITY FOR DISCHARGE

I .... am [illegible] / taking away my patient .... from the nursing home against the advice of the attending Dr .... I acknowledge that I have been informed of the risk involved and hereby release the attending Doctor and the Nursing Home from all responsibilities for any ill which result from such discharge.

Signature of Patient / Relative ....

Relationship ....

Witness .... Date ....

Disha Multispeciality Hospital & Maternal Child Healthcare Centre

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

PLAN OF CARE

Patient Name : B/o Payal
Age : 1 Hours Sex: M ___ F ✓
IPD No. 576 UHID No. 7661
DOA : 22/11/25 Bed No. ___

1. Provisional Diagnosis

2. Care Plan (Depends on patient needs & suggests curative aspects of the treatment)

MEDICAL ✓ SURGICAL ☐	INVESTIGATIONS
Treatment:- Rx NS - Bolus - 90ml/HR Inj - Taxim - 125mg - 1/2 - TDS Inj - Amikacin - 35mg - 1/2 - OD IVF - D10 8ml/HR	Adv CBC CRP CUT C-X-Ray

3. Rehabiltative/Primitive Aspects (Non-Drug measures to enhance recovery)

4. Nutrition : Normal ☐ Soft ☐ Liquid ☐ Specific Diet ___

5. Referral to other consultant/Specialist ___

6. Expected Duration to Stay ___

7. Expected Outcome : Cure ☐ Improvement ☐ Transfer ☐ Poor prognosis ☐

Date & Time ___

Attendant

Name: Deepu

Relationship: Father

Signature: [signature]

Name & Signature of Consultant

Mobile : 9

Disha Multispeciality Hospital & Maternal Child Healthcare Centre

LONI MAIN TIRAHA SHARANPUR ROAD, OPP. SHANKAR PALACE, GHAZIABAD (U

ADMISSION AND DISCHARGE RECORD

Date of Admission: 22/1/25 Time: _____ Room No. _____ Admission No. _____ UHID No. 9

ADMISSION RECORD

Name: B/o Payal

Age: 1 Hour Sex: Male ☐ Female ☑

Father's/Husband Name: Deepu

Address: Teema Pur Dehli

Tel. No. _____

Consultant Dr Anil Kumar

Associated Consultants : 1 _____

2. _____

Diagnosis at admission: _____

MLC No. Yes ☐ No ☑ MLC No. _____

Infectious nature of the disease Yes ☐ No

Patient Shifted from Room _____ to _____

Patient Shifted from Room _____ to _____

Patient has left on short leave on _____ at _____

Patient has left on short leave on _____ at _____

DISCHARGE DETAILS

Final Diagnosis: _____

Date of Discharge: _____ Time _____

Procedure Done _____

OUTCOMES

Recovered	Improved	DOR	LAMA	*Died

ADMISSION CONSENTS

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

Name Deepu **Signature** _____ **Relation** Fathe

मैं/मेरा रोगी _____ इसके द्वारा सहमत हूं और मेरे/मेरे रोगी के दिशा मल्टीस्पेशलिटी ह चाईल्ड हेल्थकेयर सेन्टर, लोनी में प्रवेश के लिए सहमति देता हूं। मैं उपरोक्त केन्द्र, डॉक्टरों ओर उसके चिकित्सा क रोगी की देखभाल में ईलाज करने वाले डॉक्टरों द्वारा आवश्यक उपचार/ऑपरेशन और प्रक्रिया के लिए उपरोक्त केन्द्र प्रवेश के लिए अधिकृत करता हूं।

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

_____

Disha Multispeciality Hospital & Maternal Child Healthcare Centre

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

INTAKE ★ OUTPUT ★ VITALS CHART

Name _____ Father's Name _____ Age _____ Sex _____

Date	Time	IV Fluids	Amount	Time	Temp.	Pulse	Resp	BP	SPO2	Time	Intake	Time	Output
22/1/25	6Pm	—	—	6Pm	97°F	121 b	-	—	94%				
	7P	Blus	30ml	7Pm	-	1234	-	—	94				Urine Pass
	8P	D10	80ml	8Pm	98	124	46	—	98				Stool Pass
	9Pm			9Pm		162/m			95				

POOJA NURSING HOME

Prashant Vihar, Infront of Bagh Ranap ki Puliya, Near ... Office ...

E-mail : drajaysharma151509@gmail.com

M. : 8076064057, ...

DR. POOJA SINGH

DR. AJAY SINGH

Patient Name B/o Payal Age 23 Sex F Date 22 ...

Rx

Dr. Nitin Garg
Dr. I. AHMAD
Dr. Javed Khan
Dr. G.K. Singh
Dr. Ajay Gupta
Dr. Sunil Dutt
Dr. Saurabh Gaur
Dr. Manju Singh (M.B.B.S. M.S.) (Obst. & Gynae)
Dr. Shikha Joshi (M.B.B.S. M.D. D.N.B.) (OBST & GYNAE)
Dr. Jyoti Sharma (B.D.S.)
Dr. Nitin Sharma (M.B.B.S. M.S.) (Ortho. Paedics)
Dr. Pramod Tyagi B.A.M.S. (R.M.O.)
Dr. Sameer Puruthi (M.B.B.S M.S.) General Surgeon
Dr. Rajeev Tyagi (M.B.B.S. DNB) (Medicine) (Consultant Physician & Chest Specialist)
Dr. Ram Melan (M.B.B.S. M.S.) (General Surgeon)
Dr. Lalit Jha (M.B.B.S. M.S.) ENT

Child Care Foundation

24X7 HOURS EMERGENCY & AMBULANCE SERVICE

Laparoscopic Surgery • Delivery • Vaccination • Specialist