





Ocean Welfare Foundation

*Let's Help Together*

[www.owf.org.in](http://www.owf.org.in)

**PATIENT CONTACT FORM**

**CONTACT : +91-120-4321226**

<b><u>PARTICULARS</u></b>	<b><u>DETAILS</u></b>
PATIENT NAME	MASTER AFSAM
CURRENT AGE	1Y 9M
SEX	MALE
DISEASE	HEART (A.C.H.D )
HOSPITAL NAME	ALL INDIA INSTITUTE OF MEDICAL SCIENCE
ADDRESS	BIHAR
FAMILY BACKGROUND	FARMER (LOWER MIDDLE CLASS FAMILY)
TREATMENT REQUIRED	HEART OPERATION
ESTIMATED COST	100000


हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० मा० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

दिनांक Date		
विभाग Deptt.	CV 2019/014/0001440 UHID: 104245617 Date 14/01/2019 MON Name MD AFSAM S/O MD NAZIM	Cardiology Paed. Cardiology 1Y 8M 17D /M General
ब० रो० वि० O.P.D. No		
Diagnosis		

8/2/19

CPD/w My sk cloudy

- At accepted for surgery
- Supraventricular AS repair
- 1 lobe AS
- 40 blood
- BK 9/1
- Regurgitated
- Long aortic, left explained

FAST 20/5/19

At reg to other Govt Hospital like Army  
Go lat/SDH for care &

*[Handwritten signature]*  
Dr. Nazim

735659  
18/1/19  
अं मा

हृदय केन्द्र

CHC-180119147 104245617  
HBC-180119126 104245617

MDAFSAM  
A.I.I.M.S.,

तमिज़ान/ताट्टाएड जोषाळ.  
CARDIOLOGY/CTVS OPE  
ताजवार/बुधवार/बुधवार  
Monday/Wednesday/Friday  
110029 (रोषहर के बाब)  
s Centre, O.P.D.  
110029

दिनांक  
Date

विभाग  
Deptt.

बंरोविंसं  
O.P.D. No.

CV 2019/014/0001440 ₹10 Cardiology  
UHID: 104245617 Paed. Cardiology  
Date 14/01/2019 MON  
Name MD AFSAM 1Y 8M 17D  
S/O MD NAZIM /M  
General  
Consultant Room 21 Dr. S  
RAMAKRISHNAN

ACHD, supraventricular AS  
Δ 82/43 mm Hg  
AoV (A)  
Mild peripheral PS

Adv

CT angiography  
CBC, ECG, etc

936/11/19

दिनांक  
Date

Sec Supervisor  
Mud Park AS

1/6 beam

early del

2 Rajshela M ①  
4/2/19

04/2/19

Case of Supervisor AS.  
Refer to Prof. S.K. CHAUDHARY

Rajshela  
04/2/19.

C/S/B Aach 50 feet @ Prof SK Chaudhary

- 18m/10ky.
- ① kerf cutting
- H/o furnished survey / SKS cgl B

Echo 884/43.  
@ 1/1/19

CT H/o Supervisor AS

for review  
Dr. Nayab  
2/2/2019

2/2/2019  
Jan 11/10  
operated  
of Supervisor  
AS

MARK THE INVESTIGATIONS  
REQUIRED IN THE BOX

BLOOD / SERUM		UNITS	NORMAL RANGE
<input type="checkbox"/>	GLUCOSE F 92 ✓	mg %	60-110
<input type="checkbox"/>	GLUCOSE PP	mg %	110-140
<input type="checkbox"/>	GLUCOSE R	mg %	60-140
<input type="checkbox"/>	GTT	GLU F	mg %
		GLU-hr PP	mg %
		GLU-hr PP	mg %
		GLU-hr PP	mg %
		GLU-hr PP	mg %
<input type="checkbox"/>	UREA 17	mg %	10-50
<input type="checkbox"/>	CREATININE 0.3	mg %	0.5-1.8
<input type="checkbox"/>	CALCIUM	mg %	8.1-10.4
<input type="checkbox"/>	PHOSPHATE	mg %	2.5-4.5
<input type="checkbox"/>	URIC ACID	mg %	2.0-7.4
<input type="checkbox"/>	SODIUM 137	mEq/L %	130-149
<input type="checkbox"/>	POTASSIUM 5.1	mEq/L %	3.5-5.0
<input type="checkbox"/>	BILIRUBIN TOTAL 0.6	mg %	0.8-1.0
	CONJUGATED	mg %	
	UNCONJUGATED	mg %	
<input type="checkbox"/>	TOTAL PROTEIN 6.8	gm %	6.6-8.7
<input type="checkbox"/>	ALBUMIN 4.4	gm %	4.0-5.5
<input type="checkbox"/>	GLOBULIN 2.4	gm %	3.8-4.0
<input type="checkbox"/>	SGOT (AST) 72	I.U.	upto 50
<input checked="" type="checkbox"/>	SGPT (ALT) 46	I.U.	upto 50
<input type="checkbox"/>	ALK PHOS (ALP) 432 ✓	I.U.	>18yrs. : 80-240 0-18yrs. 240-840
<input type="checkbox"/>	TOTAL CHOLESTEROL	mg %	150-210
<input type="checkbox"/>	ACID PHOS (ACP)	U/L	upto 6.5
<input type="checkbox"/>	AMYLASE	U/L	upto 95

SIGNATURE

C.N CENTERE  
DEPARTMENT OF LABORATORY MEDICINE

24  
8:50

Consultant Room 21

19

Dr. S  
RAMAKRISHNAH

SR Room



CV 2019/014/0001440

UHID: 104245617

Date 14/01/2019

MON

Name MD AFSAM

Cardiology  
Paed. Cardiology

1Y 6M 17D

सायनिक  
CHEMISTRY

अंसारी नगर, नई दिल्ली-110029

Ansari Nagar, New Delhi-110029

AND CHEMISTRY

Age

लिंग / Sex

UNIT

BED No

Diagnosis

&

Clinical

Note

Signature

Name of Medical Officer

For Lab. Use Only

Lab Ref. No.

CHC-180119147



104245617

MDAFSAM

Time of

Specimen Collection

Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

C.N. CENTRE  
CLINICAL PATHOLOGY

ICES, NEW DELHI-110029

RD

UNIT

RE

NA

NAT

(for

DAT

DIAGNOSIS

Cardiology  
Paed. Cardiology

AGE

SEX

OXALATE

CITRATE

HEPARIN

1Y 8M 17D  
/M

OF COLLECTION

SIGNATURE

NAME OF MEDICAL OFFICER

*U gh*

*[Signature]*

FOR LAB. USE ONLY

LAB. REF. NO.

DATE OF RECEIVING THE SPECIMEN

HAEMATOLOGIST

INCOMPLETE FORMS WILL NOT BE ACCEPTED

S  
T  
A  
M  
P

SR Room



CV 2019/014/0001440

UHID: 104245617

Date 14/01/2019

MON

Name MD AFSAM

S/O MD NAZIM

General





DEPARTMENT OF CARDIOLOGY  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 C. N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Consultant Room 21

Dr. S  
 RAMAKRISHNAN  
 \*\*\*

Dated 2/2/19

SR Room



ESTIMATE CERTIFICATE

Name ( CV 2019/054/0001440

UHID: 104245617

Date 14/01/2019

MON

Cardiology

Paed. Cardiology

Age Name MD AFSAM

1Y 8M 17D

Nature of Disease Supravalvular AS.

Nature of Surgery required Supravalvular A Repair

Amount required for Surgery 1 lakh AS + 40 Blnal

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT" The said estimate will be valid for employee of CGHS/ESI/GOVT. Undertaking beneficiaries.

f

*Signature*

(CONSULTANT / SENIOR RESIDENT)

Dr. Anjosh Gupta

Arctic se jelluo