





# DAYA NURSHING CENTRE

MAHAGUN. VILL-MEHRAULI, NH-24, GHAZIABAD, UTTARPRADESH - 201002 PHONE: 01204217013 || 9953108738

PATIENT NAME: DIPANSHU SHARMA

DATE: 06.01.2023

AGE/SEX: 20/MWARD: HDU

ADDRESS: GHAZIABAD

#### SUMMARY

#### DIAGNOSIS

OPERATED CASE OF POLYTRAUMA WITH LEFT EVE OPEN GLOBE INJURY WITH ORBITAL FLOOR AND MEDIAL WAU FRACTURE WITH TELECANTHUS AND ORBITAL ROOF DEFECT WITH BRAIN HERNIATION INTO THE ORBIT WITH LEFT FRONTAL COMPOUND DEPRESSED FRACTURE WITH ZVGOMATIC AND MAXILLA WITH DENTOALVEOLAR SEGNMENT PLATING WITH EXTERNAL FIXATION OF PELVIS WITH PERCUTANEOUS TRACHEOSTOMY

PT WAS RECEIVED IN DIVVA NURSING HOME FOR FURTHER MANAGEMENT

CLINICAL HISTORY

A 22 YR OLD MALE PATIENT HAS ALLEGED HISTORY OF ROAD TRAFFIC ACCIDENT ON 9/11/2022 ART 1:30 PM AND FOUND IN UNCONSCIOUS STATE FOLLOWING WHICH PATIENT WAS ADMITTED IN MANIPAL HOSPITAL, GHAZIABAD, PATIENT WAS PILSELESS, UNRESPONSIVE, PATIENT WAS INTUBATED, RESUSCITATION DONE AND PATIENT WAS SHIFTED TO ICU ON OXYGEN SUPPORTNCCT HEAD WAS DONEWHICH WAS SUGGESTIVE OF IVH, DIFFUSE CEREBAL EDEMACOMMUNOITED FRECTURE OF LEFT FRONTAL BONE WITH MULTIPLE FRACTURES IN LEFT ORBIT AND FAC. CT FACE WAS SUGGESTIVE OF NASO ETHMOIDFRACTURE AND LEFT ORBITAL BLOWOUT FRACTURE WITH OPEN WOUND. OTHER FRACTURES NOTED WERE: RIB FRACTURE, CLAVICULAR FRACTURE, HRCT CHEST WAS DONEWHICH SHOWS PATCHY AREASOF AIR SPACES, OPACIFICATION WITH AIRBOINCHOGRAM INVOLVING WITH BELATERIAL UPPER LOBEAPICAL SAGMENT SUGGESTIVEOF PNEUMONITIS AND PATCH CONSOLIDATION, MINIMAL RIGHT SIDED PNEUMOTHROX

## PROCEDURES PERFORMED OF AN WELFARE FOUNDATION

DECOMPRESSIVE CRANIOTOMY SURGERIES PERFORMED

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 ELEVATION OF LEFT FRONTAL COMPOUND DEPRESSED FRACTURE, EVACUATION OFLEFT FRONTAL CONTUSION, DURAPLASTY WITH FASCIA LATA GRAFT AND FAT COVERING THE DEFECT WITH MEST DONE ON 10/11/2022

2.LEFT ZVGOMATIC AND MAXILA WITH DENTOALVEOLAR SEGNEMNET PLATING DONE WITH L SHAPE AND 50 STRAIGHT PLATE DONE ,FIXATION ACHIEVED WITH SCREWS OF 6 MM DONE ON 10/11/22



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3.EXTERNAL FIXATION OF PELVIS WITH 2 SUPRA ACETABULAR PINS AND CONNECTING ROD DONE ON 10/11/22

PERCYTANEOUIS TRACHEOSTOMY DONE ON 14/11/22

THEN THE PATIENTWAS SHIFTED TO SIR GANGARAM HOSPITAL WHERE FOLLOWING PROCEDURES WERE

- 1. FOR ORBITAL BLOW OUT FRACTURE-OPEM REDUCTION AND ALLOPASTIC IMPLANT F/B REPAIR
  OF PERFORATING INJURY OF EYEBALL
- 2. MEDIAL CANTHOPLASTY
- 3. REPAIR OF COMPLEX LACERATED WOUND
- 4. OPEN REDUCTIONOFORBITAL SIMPLE FRACTURE



PATIENT WAS RECEIVED TO DAYA NURSHING CENTRE ON 15/12/2022 WITH PCT, MAINTAINING SATURATION ONAIR, POST OPERATED POLYTRAUMA WHERE FOLLOWING TREATMENT WAS GIVEN -

INJ PEPTOKING T 4K/500 TDS INJ PANTOCID 40MG IV BD INJ DALACIN 600MG IV TDS INJ LAVERA 500MG IV BD SYP LOOZ 30ML HS

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OINTMENT ATROPINE LEFT EYE TDS

GENTEAL GEL BOTH EYES QID

REFRESH TEARS EYE DROPS QID MOXIFLOXACIN EYE DROPS QID

NEOSPORIN OINTMENT ON SUTURE UNE +BACTIGRASS DRESSING

FOLEYS CATHETER REMOVED, PT SELF VOIDING, URINE OUTPUT- ADEQUATE

REGULAR CHESYT AND LIMB PHYSIOTHERSPY, SUCTIONING, ORAL CARE, TRACHEOSTOMY CARE, WOUND CARE, REHABILITATIVE AND PSYCHOLOGICAL COUNSELLING

PATIENT TOLERATING SIPS OF FLUIDS, SO STARTED ON ORAL FLUIDS TWICE DAILY

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### CASE SUMMARY

NAME: DEEPANSHU

AGE: 20YRS /MALE

DIAGNOSIS: SEVERE HEADA INJURY WITH LEFT FRONTAL COMPOUND DEPRESSED FRACTURE WITH

**OPEN WOUND** 

DIFFUSE AXONAL INJURY

MULTIPLE FACIO MAXILLARY INJURIES

RIGHT 1 RIB FRACTURE PUBIC RAMI FRACTURE CLAVICLE FRACTURE

MLC MADE NO: 3279/2022

A 20YR MALE PATIENT CAME IN ER UNRESPONSIVE CONDITION WITH ALLEGED H/O BYA APPROX ON 11/09/2022 AT 01.30PM NEAR PLACE DIAMOND FLYOVER (IN FRONT OF PETROL PUMP) WHILE HE WAS RIDING BIKE AND FELL DOWN FROM THE BIKE WHICH WAS HIT BY ANOTHER VECHICLE FROM FRONT AS STATED BY HIS ATTENDANT(FATHER)VINOD.

H/O ALTERED SENSORIUM SINCE THEN H/O: LOC/VOMITING/ ENT BLEED

NO H/O ALCOHOL INTAKE

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L/E:

DEFORMITY WITH FRONTAL DEEP CLW APPROX 10CM X 8CM OVER FACE(CHIN TO FORHEAD) DEEP CLW OVER LT ALAE OF NOSE

SUPRA ORBITAL AREA WITH THROUGH AND THROUGH DEEP LACERATED LACERATED WOUND UPPER

LIP CHEEK UPPER EYELID

LEFT EYE ORBITAL SWELLING #LT MAXILLA #INFRA ORBITAL AREA , SUPRA ORBITAL AREA WITH THROUGH AND THROUGH DEEP LACERATED LACERATED WOUND UPPER LIP CHEEK UPPER EYELID

LEFT FRONTAL COMPOUND DEPRESSED FRACTURE WITH BRAIN COMING OUT, WHICH WAS CLEANED AND SUTURED UNDER STERILE CONDITIONS

O/E: UNCONCIOUS

PALLOR+++

CVS: S1S2 NORMAL CNS: UNCONCIOUS CHEST: B/L CREPTS+

P/A: SOFT

PELVIC AND CHEST COMPRESSION: NEGATIVE

VITALS: IN ER GCS: E1V2M2

PUPILS: RT: 2MM SLUGGISH REACTION LT: CANNOT ASSSED. LEFT EYEDLID EDEMA AND LACERATION

RADIAL 7 FEMORAL ABSENT BUT CAROTID PALPABLE BUT FEABLE

**BP: NOT RECORDABLE** PR: NOT RECORDABLE RR: NOT RECORDABLE SPO2: NOT RECORDABLE

TEMP: 98.4\*F GRBS: 266MG/DL

PATIENT IMMEDIATELY INTUBATED AND PUT ON AMBU SUPPORT AS PER PROTOCOL FOLEYS CATHERIZATION & RT ASPIRATION DONE

Manipal Hospital, Ghazlabad NH - 24, Hapur Road, Opp. Bahmeta Village, Ghazlabad, Uttar Pradesh - 201 002

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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LIFE'S ON

PATIENT STABILISED AND SHIFTED TO ICU ON VENTILATOR AND SUPPORTS.



CT BRAIN PLAIN SHOWED MULTIPLE SMALL CONTUSIONIN BILATERAL FRONTAL REGIONS, MORE ON LEFT WITH EDEMA, NO MASSS EFFECT. CISTRNS OPENED. THE LEFT FRONTAL BONE IS DEPRESSED WITH PNEUMOCEPHALUS. PATIENTS NEED SURGERY ALONG WITH PLASTIC SURGERY ONCE STABILIZED. ALL RISKS AND BENEFITS EXPLAINED. EXPLAINED SEPSIS, MENINGFTIS AND PROGNOSIS. KEEP WATCH ON VITALS AND PUPILS.

PATIENT WAS SHIFTED TO ICU AND TAKEN ON VENTILATOR SUPPORT PATIENT ON SEDATED AND ON PRVC MODE.. MANAGED ACCORDINGLY WITH IN FLUIDS, ANTIBIOTICS AND DIURETICS.

MORNING REPEAT CT BRAIN PLAIN AND CT CERVICAL SPINE REVEALED:

Fractures of clavicle and ribs as described

REPEAT CT BRAIN SHOWED LEFT FRONTAL LOBE EDEMA WITH SLIGHT MASS EFFECT ON VENTRICLES. CISTERNS OPENED. BLOOD IN OCCIPITAL HORN AND CISTERNS.
NIO HYDROCEPHALUS. MULTIPLE SMALL CONTUSIONS IN BRAIN SUGGESTIVE OF DIFFUSE AXONAL INJURY. LEFT FRONTAL BONE COMPOUND DEPRESSED FRACTURE WITH LEFT FRONTAL AND ORBITAL FRACTURE, NASAL AND MAXILLA FRACTURE.

### CT- BRAIN WITHOUT IV CONTRAST SHOWS N WEIFARE FOUNDATION

Relatively unchanged haemorrhagic contusions in the left basal frontal lobe with mild increase in peri-focal oedema.

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Acute subarachnoid haemorrhage involving bilateral frontoparietal, left temporal sulcal spaces
 and

interpeduncular cistern - mild increased since prior study.

- · Intraventricular hemorrhage -organised since prior study.
- · Diffuse cerebral edema
- · There is mild mass effect on bilateral cerebral peduncles due to effacement of basal cisterns
- · Unchanged calvarial and facial bone fractures since prior study.

VITALS:

PRESENT STATUS PATIENT SEDATED GENERAL CONDITION CRITICAL PULSE-74/MIN BP-140/80 MMHG RR-14/MIN SPO2-100% ON FIO2 40% ON VENTILATOR TEMP- 98\*F CHEST- B/L AE + CVS-S1S2N CNS- E1VTM5 PUPILS: RT: 2MM++ LT: CANNNOT ASSES , AVULASED. LE: BRAIN MATTER COMING OUT FROM THE FRACTURED COMPOUND WOUND WITH CSF RHINORRHEA AND OTORRHEA. LOCAL WOUNF CLEANED P/A-SOFT, BS NG IN SITU

ADV:

2

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### RADIOLOGY REPORT

Name	DEEPANSHU	Modality	CT
Patient ID	GHZB-0000180958	Accession No	1159519
Gender/Age	M / 19Y 10M 7D	Scan Date	09-11-2022 14:41:43
Ref. Phys	Dr. Karunesh Pratap Singh	Report Date	09-11-2022 16:59:08

CT- BRAIN WITHOUT IV CONTRAST

FINDINGS:

INTRACRANIAL HEMORRHAGE: Present. There is comminuted fracture of the left frontal bone with multiple hemorrhagic contusion in the left frontal lobe. There is dependent intraventricular hemorrhage in occipital horns of bilateral lateral ventricles. Small hemorrhage is also seen in the 3rd and 4th ventricles.

MIDLINE SHIFT: Nil significant

CEREBRAL PARENCHYMA: There is diffuse effacement of cortical suici, sylvian fissure and basal cisterns

suggestive of cerebral edema. Grey white matter differentiation is however maintained

CORPUS CALLOSUM: Normal BASAL GANGLIA: Normal

THALAMI: Normal

MIDBRAIN There is mild mass effect on bilateral cerebral peduncles due to effacement of basal cisterns

PONS: Normal MEDULLA: Normal

CEREBELLAR PARENCHYMA: Normal

VENTRICLES: Normal

CISTERNS, SULCI: Suspicious subarachnoid hemorrhage is seen in the interpedencular cistern

FALX, TENTORIUM: Normal

INTERNAL AUDITORY CANALS: Normal

SELLA: Normal

BONES: Refer to detailed CT face report

CV JUNCTION: Normal

VISUALIZED NASOPHARYNX: Normal

There is soft tissue injury over posterior scalp

#### **IMPRESSION**

CT- BRAIN WITHOUT IV CONTRAST

- -There is comminuted fracture of the left frontal bone with multiple hemorrhagic contusion in the left frontal lobe.
- -Intraventricular hemorrhage
- -Diffuse cerebral edema
- -There is mild mass effect on bilateral cerebral peduncles due to effacement of basal cisterns
- Suspicious subarachnoid hemorrhage is seen in the interpedencular cistern

Please correlate clinically

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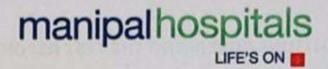
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#### RADIOLOGY REPORT

Name	DEEPANSHU	Modality	СТ
Patient ID	GHZB-0000180958	Accession No	1159526
Gender/Age	M / 19Y 10M 7D	Scan Date	09-11-2022 16:06:46
Ref. Phys	Dr. Karunesh Pratap Singh	Report Date	09-11-2022 18:17:12

CT- HIGH RESOLUTION CHEST

#### FINDINGS:

The study reveals patchy areas of airspace opacification with airbronchograms involving bilateral upper lobe apical segments and bilateral lower lobes posterior-basal segments and lingular lobe likely representing pneumonitis and patchy consolidation

TRACHEA: Endotracheal tube seen in situ

CARINA: Normal.

RIGHT MAIN BRONCHUS: Normal. LEFT MAIN BRONCHUS: Normal. RUL, RML, LLL BRONCHI: Normal. LLUL LLL BRONCHI: Normal. SEGMENTAL BRONCHI: Normal.

## OCEAN WELFARE FOUNDATION

FISSURES: Normal.

PLEURA: Normal; no significant pleural effusion noted et's Help Together

Minimal right side pneumothorax noted in anterior-basal region

PERICARDIUM: Normal. CARDIA: Normal. VESSELS: Normal. MEDIASTINUM: Normal. NODES: not enlarged

ESOPHAGUS: Ryles tube seen

GE JUNCTION: normal

VISUALIZED ABDOMEN: Left kidney is small and atrophic

Enlarged and hypertrophied Right Kidney

BONES: Small lytic lesion seen in medial end of left clavicle

Fracture medial end of right clavicle

Soft tissue edema with fluid and air pocket seen in the region of sternal notch, around the trachea and thyroid

IMPRESSION HRCT chest findings reveal:-

# Patchy areas of airspace opacification with airbronchograms involving bilateral upper lobe apical segments and bilateral lower lobes posterior-basal segments and lingular lobe likely representing pneumonitis and patchy consolidation

# Minimal right side pneumothorax noted in anterior-basal region

#Small lytic lesion in medial end of left clavicle

# Fracture medial end of right clavicle

# Soft tissue edema with fluid and air pocket in the region of sternal notch, around the trachea and thyroid

Recommend clinical correlation and follow up.

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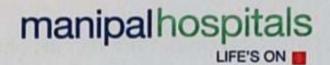
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#### RADIOLOGY REPORT

Name	DEEPANSHU	Modality	US
Patient ID	GHZB-0000180958	Accession No	1159527
Gender/Age	M / 19Y 10M 7D	Scan Date	09-11-2022 16:13:30
Ref. Phys	Dr. Karunesh Pratap Singh	Report Date	09-11-2022 17:03:31

#### USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver shows no obvious solid organ injury. Rest normal.

SPLEEN: Spieen is normal in size, shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size.

COMMON BILE DUCT: Appears normal in size.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture, Rest normal.

KIDNEYS: Right kidney is normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest

normal.

Left kidney is not visualized OCFAN WELFARE FOUNDATION

PELVI-CALYCEAL SYSTEMS: Compact

NODES: Not enlarged.

FLUID: Nil significant.
URINARY BLADDER: Urinary bladder empty with foleys

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#### **IMPRESSION**

-No free fluid is seen in the abdomen

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta,

MBBS, DNB, MNAMS, FRCR(I)

Consultant Radiologist, Reg no DMC/R/14242

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ESTIMATE/RE-ESTIMATE FOR PROCEDURES

NAME

DR. NAME

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### Sir Ganga Ram Hospital

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi - 110 060 Ph.: 42251093, 42251094, 42251095, 42251097, 42251098, Fax No. 25861002 E-mail: gangaram@sgrh.com | Website: www.sgrh.com

**Casualty Assessment Sheet** Department of Critical Care & Emergency Medicine

Deepanshu SHARMA	Date: Time:	C.R. No.: 3 7826 Triage:
22 Y/Male POPD 3104123 EM00743368 Abrolt On : 18/11/2022 06: 44 PM	MLC:	Non-MLC:
EMERGENCY EMERGENCY	SGRH No.:	Outside:
Deepanshu SHARMA 22 Y/Maie POPD 3104123 EM00743355 Admit On: 18/11/2022 06:44PM EMERGENCY	Response to verbal commands/pain;	Unresponsive.
Deepanshu SHARMA 22 Y/Male POPD 3104123 EM00743368 Admit On : 18/11/2022 06:44PM EMERGENCY / EMERGENCY	Airway & Breathing: Patient & Clear Accessory Muscle: +/- PR:BP: Attended by \$/N:	Temp: RBS:
Deepanshu SHARMA  22 Y/Male POPD 3104123 EM00743368 Admit On: 15/11/2022 05:44PM EMERGENCY  EMERGENCY		
Last urine passed :	OOFAN WELFARE	FOUNDATION

Past History (of illness / medications / pregnancy/last meal):

Physical Examination: Any external injury (if yes, describe)

Pain score:

[Scale 0-10; (0:- no pain, 10:- maximum conceivable pain)]

Systemic examination:

Respiratory:

Breath sounds -

Adventatious sounds -

CVS: S,/S,/ Gallop

P/A: Tenderness / Guarding

Hernia: Bleeding:

Liver:

Spleen:

**Bowel Sounds:** 

Any other palpable mass:

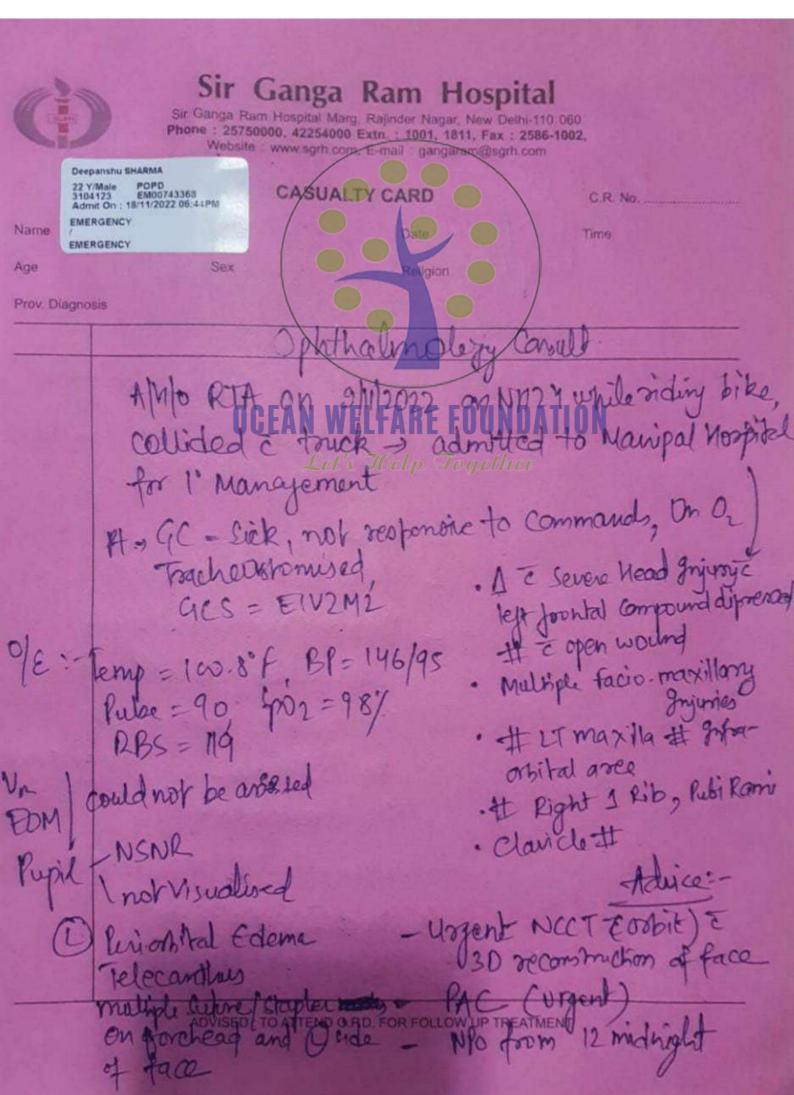
Lid Edemon (CBOHN VL + LL) Floke doesnot Visualized, Cayestion + diemosis soon. OCEAN WELFARE FOUNDATION Advice :-Let's Help Together Sit & 30 Recommention of face ( VRGENT) NPo from 120 clock - Mannet for Globe Repair Evisceration | Enucleation along on 19/11/2022 (Early mooning on viger basis Admif & Dr. Ak Grover & Desired Cot. (In 9C4) ( ) ophthalmology.

(21)	Form Receiving Time
REFERRAL FORM FOR CT SCAN	New Delhi Scan Research Institute
	(A Unit of Buxi Diagnostics Pvt. Ltd.)
	IMAGING Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-110 060
- CHARMA	Phones: 4311 5701 - 02, 4311 5700 Hospiel: 4225 1912, 4225 1909
Patient's Name : Deepanshu SHARIMA  22 Y/Male POPD  3104123 Admit On : 18/1/2022 00	Age: Sex:
S/o W/o D/o EMERGENCY	
EMERGENCY	Time :
Address:	At :
	Scan No.:
Phone Nos.: Off:	ALLIEADE ERoutine/Emergency   A Previous X-rays / CT Scan
Patient Admitted in	Hospital in MRD No.
Name of Referring Doctor A man	rtallelp Toppobliser (R)
177	O BE FILLED BY REFERRING DOCTOR
A CONTRACTOR OF THE PROPERTY O	
PART TO BE EXAMINED : Head / Orbit / Fac	Rectal I/V Is Sedation/anesthesia required Yes / No ce / PNS / Sella / Temporal Bone / Larynx / Neck / Upper Thorax / Lower Thorax / ical/Thoracic/Lumber/Sacral/Scanogram/Joint.
SPECIAL APPLICATIONS: FNAC / Drainage T Scoring / Bone Mineral Analysis / Dentascan /	Tube Placement / 3D Reconstruction / Bronchoscopy / Colonoscopy / Cardiac Calcium Perfusion Studies / Stereotactic Localisation / Coronary / Brain / Cardids / Acrta
Thoracic/Renal /Abdominal/Peripheral/CTAn	Iglography / Triphasic Liver Scan :
PLEASE TICK ONE SPIRAL	NON SPIRAL
MODE OF DOCUMENTATION Films	CD ROM CODONICS
HISTORY OF ALLERGY YES / NO Previous I/V	Contrast Food Plants Dust Drugs
Past H/o Asthma Hepatitis	Diabetes Hypertension Dehydration
Septicemia Renal Diseas M. Myeloma Phaeochrome	
CLINICAL DETAILS:	reyiona
PT	
NR	1
S. CR:- NCCT of	2022 -> multiple facialt the along a Disfriger globe in maxillory sinus (CTS)
Alella RTA on 9/11)	2022 - mulhale facialt the along a Disfuger
ill de will out the	alal - waillow divis CCTCC
THE RESERVE OF THE PARTY OF THE	giete in maxilla 2
	S consider
Provisional diagnosis :-	Signature & Name of Referring Consultant Pager / Mobile No.
ECOMMENDED PREMEDICATION FOR CASES dults:- Prednisolone 50 mg orally every 6 hours	WITH H/o ALLERGY: s for 3 doses beginning 13 hours before CT Scan plus Diphenhydramine 50 mg or orally. 1
hour before CT Scan, unless contrandica hildren:- Dosage as recommended by treating phy	ited.
RUG DOSE & ROUTE OF ADMINISTRATION (TO	
ral Contrast	Test Dose
impoon	
/	



# Sir Ganga Ram Hospital Financial Counselling

Specialty	Admitting Consultant & A & Lucour.
Patient Name	Desponshy 21/51.
Age	21/11.
Sex	
Paying Status	TPA CORPORATE SELF PAYING
Registered Mobile No.	
Provisional/ Final Diagnosis	
Admission Status:	lanned Emergency
Date of Admission:	
Surgery (ies) /	
Treatment (s)	
Planned	
Desired Bed Category	Premium Suite Suite Deluxe (Cat 1 Cat 2 Cat 3 DAY CARE#
FIN	IANCIAL ESTIMATE CHARGES
Hospitalization	Approx Days: @ 14400 % 10 days
Intensive Care, if any	Approx Days: @
Major Investigations <b>NCF</b>	N WEI FARE FOUNDATION
Operation /	THE PROPERTY OF THE PROPERTY O
Procedure	Let's Help Together
OT Charges	
PAC + Anesthetist fee	
Surgeon Fee	
Implant (s), if any	
Major Drugs /	
Consumables, if any	
Other (Consultant visit, Dietician, MRD, Equipment, Blood/Components)	100 1cm Stuate goid
TOTAL	APPROXIMATE # 10 las.
DAY CARE ADMISSION PATIENT MAY REQU	UIRE FURTHER HOSPITALISATION IN PATIENTS INTEREST AS PER DECISION OF CONSULTANT
Iternative Medicine, Cataract Surgery	y, Heart Rehab, Dialysis, Lithotripsy, Minor OT, Ventilator charges are same in all categories
haded area to be filled by treating	
ne estimate is based on past obser	rvation for this Surgery / Procedure / Treatment, Any change in treatment/another
ecialty consultation / unforeseen	circumstances necessitating additional investigation and treatment will investigation
ists. Robotic surgery will have hig	ther charges. Upgradation of bed / room will invite higher charges from de-
imission. Untical care charges rang	ge from Rs. 50,000-80,000 or even higher per day based on intensity of trees.
ic of specific equipment. Packages	s have INCLUSIONS and EXCLUSIONS. Package rate is limited to a specific moving
eatment only, and treatment beyo	and the specified period will be charged as per actuals. Final Bill may use he
ngth of stay / change in / additiona	al treatment given/ use of special drugs / equipment in best interest of the action
OSPITAL BILL RAIMED FORME/MY	DATE ABOVE IN A LANGUAGE THAT I UNDERSTAND AND I ACCEPT TO PAY
ATE: OR DI 224	() 34
1	Contino
GNATURES: PATIE	ENT/RELATIVE CONSULTANT STNANTALOGA WITH
	CONSULTANT FINANCIAL CONTRACTOR



INTERIM RUNNING BILL Printed Date & fine: 23/11/2022 GSTIN : 07AAB 24366612A SAC Code : 999311 Namo DIPANSHU Age/Sex : Registration No : 3104123 Age/Sex : 22/Male Father's Name : V Epipode Number : IP01243866 VINOD SHARMA Address : No. - 98, VILL Admission Date : 18/11/2022 GHAETAHAD, U P : ND-ICUC3 : ICU-23, ICU : OAHTHALMOLOGY (UNIT 2)-Dr.A. S. Grover Admission Time : 08:01PM Ward Bod Unit No. of Days S1. Particular Order Item Ant (Rs.) Qty PELCO SENT WetAmt CGST SGST Ansesthetists charges 42175:00 2 Critical care consultant standby charges 42175.00 CRITICAL CARE & EMERGENCY 3 Modial Canthoplasty - PLASTIC & COSMETIC SURG (UNIT 1) - DR. MANGAL 2000.00 1 16990.00 1699 OPHTHALMOLOGY (UNIT 2) Dr A.K.Graver (19/11/2022) 16990.00 (19/11/2022) 1 42260.00 5 Orbital simple fracture - open reduction - PLASTIC & COSMETIC SURG (UNIT (19/11/2022) 1 42260.00 6 Repair of complex lacerated wound - PLASTIC & COSMETIC SURG (UNIT 1) - DR. (19/11/2022) 1 14705:00 7 Repair of perforating injury of eyeball - OPHTHALMOLOGY (UNIT 2) -Dr.A.K. (19/11/2022) 1 15580.00 15580.00 Sub Total 131795.00 Page 1 of 4

SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060

INTERIM RUNNING BILL

TRAK TRANSLATE id title-Hospital Internation System (TRAK TRANSLAT) GSTIN : GTAABTS4366H ZH 06:17PM SAC Code : 919311 Registration No : 310612 MR DIPANSHU Episode Number : 1901243866 Age/Sex : 22/Male Father's Name : VINOD SHARMA Admission Date : 18/11/2022 Address : H.NO. - 98, VILL GHAZIAHAD U P - 201002 UTTAR PRABERI SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060 Ant (Rs.) Sl. Particulars NetAmt SCST CGST Order Item MEDICINE LEAN WELFARE FULL CARE & EMERGENCY (18/11/2022) 3140.00 9 Ventilator Monitoring - Dodon Fee - CRIRAPHI CAPE & EMERGENCY MEDICINE (19/11/2022) 2010.00 10 Ventilator Monitoring - Doctor Fee - CRITICAL CARE & EMERGENCY MEDICINE (20/11/2022) 1610.00 1610.00 11 Doctor procedure charges - Portable echocardiography - CARDIOLOGY PORTABLE ECHO (R. MOHAN/SS) (21/11/2022) 1910.00 1 1910.00 8670.00 Sub Total 12 Anaesthetists charges for PAC - Anaesthesia unit-Dr. Jayashree Sood (18/11/2022) 2100.00 1 2100.00 13 Doctor visit charges - CRITICAL CARE & EMERGENCY MEDICINE 5040.00 3 1680.00 14 Doctor visit charges - CRITICAL CARE & EMERGENCY MEDICINE 5250.00 2.5 2100.00 15 Doctor visit charges - NEUROSURGERY UNIT4 - ACHARYA/KALRA/RICHA 1 2100.00 2100.00 16 Doctor visit charges - ORTHOPAEDICS (UNIT 2) - Dr. Manish Dhawan 5040.00 3 1680.00 Page 2 of 4

### SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060

### INTERIM RUNNING BILL

Printed Date & Time: 23/11/2022 06:17PM

GSTIN : 07AABTS4366E1ZH

: MR DIPANSHU ,

Age/Sex : 22/Male

Father's Name : VINOD SHARMA Address : H.NO. - 98, VILL- MEHRAULI,

Registration No : 3104123 Episode Number : IP01243866

SAC Code : 999311

Admission Date : 18/11/2022

SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060

INTERIM RUNNING BILL

Printed Date & Time: 23/11/2022 06:17PM

GSTIN : 07AABTS4366E1ZH

: MR DIPANSHU , Namo

Age/Sex : 22/Male Father's Name : VINOD SHARMA

Address : H.NO. - 98, VILL- MEHRAULI,

GHAZIAHAD, U.P.- 201002 UTTAR PRADESH

SAC Code : 999311

Registration No : 3104123 Episode Number : IP01243866

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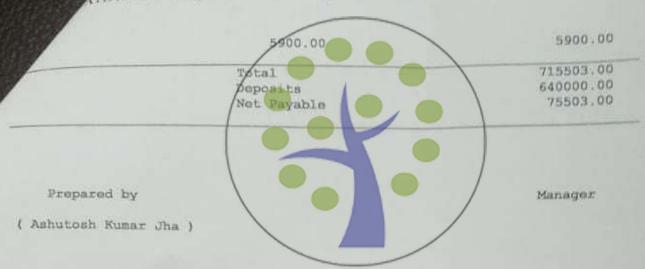
Admission Date : 18/11/2022

SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060

	1
27 Clinical Pathology Charges 11660.00	11660.00
28 Hannatology Laboratory Charges	370.00
	5360,00
29 Microbiology Laboratory Charges	7180.00
av septemes	45892.70
31 Medical consumables (5832 30	
32 ECC Charges 40593 96	60593.96
13 Sohn Lab Charges	550.00
4 Physiotherapy charges 5500 00	5000.00
5 Ultrasound Charges 2080.00	2080.00
X Ray Department Charges	3890.00
OCEAN WELFABE FOUN	DATION 5520.00
OULAN WELSON E TOOK	5900.00
Let's Help Togeth	PT 543154.00
Net Payable	470000.00
	73154.00
Naveen Dubey )	Manager

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<sup>\*</sup> This is a provisional running bill and does not include charges that may be incurred during the current hospitalisation of the patient. The final bill for this admission may be different from this bill.



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Let's Help Together

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### भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

आत्मजः विनोद शर्मा, मकान नंबर-99, एन एच -24, गाँव महरौली, गाजियाबाद, गाजियाबाद, उत्तर प्रदेश - 201002

#### Address:

S/O: Vinod Sharma, House Number-99, N H - 24, Village Mehrauli, Ghaziabad, Ghaziabad, Uttar Pradesh - 201002



5152 9928



VID: 9147 7962 4963 7887



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