



TO
MISSION HOPP

Kindly arrange the following ~~study~~^{test} for the pt,
piyush, 20M/M, (TCM ALL(HE). 10205115061

Bone marrow aspirate
for Minimal residual disease

to look for response to chemotherapy.

Thanky you

Dr Arghya. Patra
Sr Sp, UZ

Senior Resident
Emergency & Paediatrics
Gandhi Basha Children's Hospital
New Delhi - 110001

कलावती सरन बाल अस्पताल, नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

दिनांक / Date **14 DEC 2016**

यूनिट / Unit **207 दिन / Day**

ओ. पी. डी. पंजी. सं. / O.P.D. Reg. No.

92691

नाम / Name

Piyush

आयु / Age

1y 8m

लिंग / Sex

M

टीकाकरण विवरण / Immunization Status

वजन / Weight

लम्बाई / Height

हेपेटाइटिस-बी, पोलियो Hep-B, OPV at Birth	
बी सी जी SCG	
डी पी टी, पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 1 st	
डी पी टी, पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 2 nd	
डी पी टी, पोलियो, हेपेटाइटिस-बी DTP, Polio, Hep-B 3 rd	
खसरा एवं विटामिन ए Measles Vitamin -A	
एमएमआर MMR	
डीपीटी, पोलियो (1 बूस्टर खुराक) DPT Polio (1 Booster)	
टाइफाइड का टीका Typhoid	
डी पी टी / ओ पी जी-2 बूस्टर DPT Polio (2 Booster)	
अन्य Others	

OK

Herpes zoster

Rt. (7-8)

x 3 days

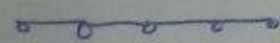
Adv

①

Syrup, Zovirax (200mg/5ml)
(Acyclovir)

2.2 ml.

5 times a day



x 7 days

②

Syrup, Ibuprofen (100mg/5ml)

1 tab qd

दिनांक / Date

डॉक्टर के हस्ताक्षर / Signature of Doctor

clean & usage & water

③

TBact cream LABD

ओ. पी. डी. पंजीकरण सं.
O.P.D. Reg. No.

प्रारम्भिक निदान पर्चा
Provisional Diagnosis Slip

केवल अस्पताल के प्रयोग के लिए
For Hospital Use Only

RIA 1 week

Main Laboratory : Oncquest Laboratories Ltd.
3 - Factory Road, Adj. Safdarjung Hospital,
New Delhi - 29, Tel. : 011 - 30611432/467
Facsimile : 91-11-2618 2231
E-mail : info@oncquest.net
Website : www.oncquest.net
PAN: AAACO9860B



oncquest
discover diagnose defend

CASH RECEIPT

Accession / Patient Registration (I.D.) No.

[Empty box for Accession / Patient Registration (I.D.) No.]

046

S. FR.

Date 13/12/2016

Received with Thanks from (Mr. /Ms./ Dr.) Piyush c/o Mission Happ

The sum of Rupees (in figure) Eight thousand Rupees only

(In Words) Eight thousand Rupees only

Age : 20M Sex : M Contact No. : Referred by : Dr. Argo

S. No.	TEST REQUESTED	PRICE
	MRI panel	

Total Amount 8000/- Discount

Net Amount Received Balance Due (if any)

Report to be Collected on Report Collection Timing

Mode of Payment: Wallet/Cash/Cheque/Cr./D. card/DD. Signatory



Please Note : Reports will not be available online for downloading if paid partially or unpaid.

For Office Use Only

SAP No.

Invoice No.