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मेरा नाम नीतू मखीजा है, मेरा बेटा सन्नी मखीजा है जिसकी तबीयत पिछले एक साल से खराब है, पिछले एक साल से डायलिसिस पर है, और डायलिसिस होने की वजह से अब इस के कानो पर भी असर पड गया है अब इससे सुनने मे भी बहुत दिक्कत हो गई है, मेरे पति जय गोपाल है जो की मेरे बच्चे को किडनी देंगे, हमारी इतनी कमाई भी नही है किराया का घर है और हमारी औटो भी किराये की है अब हमारे पास इसके ट्रांसपलाट के लिए पैसे नही है, और अब हमे इसका ट्रांसपलाट करवाना जरूरी है क्योंकि किडनी खराब होने की वजह से और भी दिक्कत होती जा रही है, मै (MISSION HOPP) से मदद चाहती हुं जिससे मेरे बच्चे का ट्रांसपलाट हो सके क्योंकि इसके कानो मे बिल्कुल सुनाई नही देता है।

MISSION HOPP DELHI

Neetu
30-11-2021

SHRI HANUMAN BALAJI CHARITABLE DIAGNOSTIC CENTRE

Yugpurush Mahashay Dharampal Charitable Diagnostic Bhawan
Diagnostic Centre: Plot. X-24, Karkardooma Institutional Area, New Delhi - 110092
Ph. No. : 011-22370311/12, 7827945650, 7827945651
Website : hanumanbalajicharitablediagnostics.org
Under the Aegis of Shri Hanuman Balaji Mandir, Vivek Vihar, New Delhi
Owned and operated by Abhinandan Jan Kalyan Society
(Registered under the Societies Registration Act, 1860)

Lab No.	:164190	UHID	:MR/20/005071
Patient Name	:Mr. SUNNY	Req. Date & Time	:21-Nov-2021 10:15 AM
Age/Sex	:25.1 YRS Sex : Male	Sample Collection	:21-Nov-2021 10:17 AM
OPD/IPD No.	:OPD	Reporting Date/Time	:22-Nov-2021 02:03 PM
Doctor	:		

BIOCHEMISTRY (BY: VITROS 4600)

Test Name	Status	Result	Reference Range	Unit
Kidney Function Test (KFT), Serum				
Urea, Blood(MICROSLIDE-DRYCHEMISTRY) *	H	**65***	10.00-50.00	mg/dL
Blood Urea Nitrogen (BUN)	H	**30.37***	7.00-18.00	mg/dL
Creatinine, Serum * MICROSLIDE-DRY CHEMISTRY	H	**7.8***	0.66-1.25	mg/dL
Uric Acid, Serum		5.1	3.5-7.2 mg/dL	mg/dL
Calcium, Serum *		9.6	8.8 - 10.6 mg/dL	mg/dL
Sodium, Serum *		136	136.0-149.0	mmol/L
Potassium, Serum *		4.6	3.50-5.50	mmol/L
Chloride *	L	**96***	98.0-109.0	mmol/L
Total Protein *		7.8	6.3-8.2	gm/dl
Albumin *		4.5	3.5-5.0 g/dL	g/dL
Globulin Serum		3.30	2.0-3.5	g/dL
A/G Ratio		1.36	1.0-2.3	
BUN / Creatinine Ratio		3.89		
Urea / Creatinine Ratio		8.33		

This test run on VITROS 4600

Comment : RESULT INFOMRED TO PATIENT.

LIVER FUNCTION TEST (LFT), Serum				
Bilirubin, Total *		0.7	0.30-1.20	mg/dL
Bilirubin, Direct *	H	**0.4***	0.00-0.30	mg/dL
Bilirubin, Indirect		0.3	0.10-1.00	mg/dL

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SGOT (AST), Serum *		15	0.0-50.0 U/L	U/L
SGPT (ALT), Serum *		26	0.0-50.0 U/L	U/L
Alkaline Phosphatase (ALP), Serum *	H	**181***	38-156	U/L
Gamma Glutamyl Transferase (GGT)	H	**75***	12-58	U/L
Protein, Total *		7.8	6.3-8.2	g/dL
Albumin *		4.5	3.5-5.0 g/dL	g/dL
Globulin		3.3	2.00-3.50	g/dL
A/G Ratio		1.36	1.0-2.3	

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HAEMATOLOGY (By: HORIBA- ABX Pentra XL-80)

Test Name	Status	Result	Reference Range	Unit
Complete Blood Count (CBC)				
Haemoglobin (Hb) *	L	**13.3***	13.5-17.5	g/dL
TLC (Total Leucocyte Count) *	H	**18.8***	4-11	1000/cumm
RBC Count *		4.7	4.7-6.1	10^6/uL
Packed Cell Volume *		42.3	41-53	%
MCV *		89	80-100	fL
MCH*		28.1	26-34	pg
MCHC *		31.6	31-35	g/dL
RDW-CV		14.2	11.5-14.5	%
Platelet Count *	H	**479***	150-4500	1000/cumm
Mean Platelet Volume		9		fl
Differential Leucocyte Count				
Neutrophil *	H	**73***	40-70	%
Lymphocyte *		23	20-40	%
Eosinophils *		02	01-06	%
Monocytes *		02	2-8	%
Basophils *		0	0-0	%
Absolute Neutrophil Count	H	**13.724***	2.0-7.0	x 10^3 /uL
Absolute Lymphocyte Count	H	**4.324***	1.5-4.0	x 10^3/uL
Absolute Eosinophil Count		0.376	0.02-0.50	x 10^3 cells/uL
Absolute Monocyte Count		0.376	0.2-1.0	x 10^3 cells/uL

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Absolute Basophil Count	0.0	0.00-0.00	x 10^3 cells/uL

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential ABX PENTRA XL 80) (This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS-hemoglobin method)

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Immunology (By: Vitros ECIQ)

Test Name	Status	Result	Reference Range	Unit
HIV (Quantitative) Method:Enhanced CLIA		0.11	Non Reactive : <0.90,Equivalent : 0.90-1.10,Reactive : >1.10	

Comments:
CLIA is used for screening for HIV-1 and/or HIV-2 infection in asymptomatic patients. Negative HIV-1/-2 antigen and antibody screening test results usually indicate absence of HIV-1 and HIV-2 infection. However, such negative results do not rule out acute HIV infection. If acute HIV-1 infection is suspected, detection of HIV RNA is recommended.

Reactive HIV-1/-2 antigen and antibody screening test results suggest the presence of HIV-1 and/or HIV-2 infection, but it is not diagnostic for HIV infection and should be considered preliminary. Reactive result of this assay does not differentiate among reactivity with HIV-1 p24 antigen, HIV-1 antibody, and HIV-2 antibody. Diagnosis of HIV infection must be based on results of supplemental tests, such as HIV-1/-2 antibody differentiation test, HIV-1 antibody confirmation by Western blot, and HIV-2 antibody confirmation.

All initially positive supplemental or confirmatory HIV test results (by serologic or molecular test methods) should be verified by submitting a second serum specimen for repeat testing. Such positive HIV test results are required under laws to be reported to the departments of health of the respective states where the patients reside.

Cautions

This test is not offered as a screening or confirmatory test for blood donor specimens.

Reactive result of this assay does not differentiate among reactivity with HIV-1 p24 antigen, HIV-1 antibody, and HIV-2 antibody.

A reactive screening test result is not diagnostic for HIV infection and should be considered preliminary.

The positive predictive value of a reactive screening test result is highly dependent on the prevalence of HIV infection in the population tested. The lower the prevalence of HIV infection, the lower the positive predictive value and higher the false-positive rate of the test. Diagnosis of HIV infection must be based on positive results of the supplemental or confirmatory serologic or molecular tests.

Recipients of experimental HIV-1 vaccines may have false-reactive HIV antibody test results without infection due to the presence of HIV-1 antibodies.

Negative serologic or molecular HIV screening test results should be evaluated with caution in patients with clinical symptoms and/or a history of high-risk behavior for HIV infection. Repeat testing in 1 to 2 months is recommended in these at-risk individuals.

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Screening, supplemental or confirmatory serologic tests for HIV-1 or HIV-2 antibodies cannot distinguish between active neonatal HIV infection and passive transfer of maternal HIV antibodies in infants during the postnatal period (up to 18 months). Diagnosis of HIV infection in newborns and infants up to 18 months should be made by virologic tests, such as detection of HIV RNA.

Assay performance characteristics have not been established for the following specimen characteristics:

-Grossly hemolyzed (hemoglobin level of >500 mg/dL)

-Grossly lipemic (triolein level of >1250 mg/dL)

-Grossly icteric (total bilirubin level of >20 mg/dL)

-Heat-inactivated specimens

-Cadaveric specimens

-Presence of particulate matter

HBsAg (Quantitative) Method:Enhanced CLIA	0.24	Non Reactive : <0.90,Equivalent : 0.90-1.10,Reactive : >1.10

This ia a screening test.Reactive test should be considered preliminary and must be confirmed by doing PCR test for DNA/RNA for viral load.

HCV (Quantitative) Method:Enhanced CLIA	0.22	Non Reactive : <0.90,Equivalent : 0.90-1.10,Reactive : >1.10

COMMENTS

This ia a screening test.Reactive test should be considered preliminary and must be confirmed by doing PCR test for DNA/RNA for viral load.

Hepatitis C Virus (HCV) has been identified as the main etiological agent of Non A- Non B hepatitis

accounting for 80-90 cases of transfusion hepatitis cases. HCV is transmitted primarily through parenteralroutes. HCV antibodies have been found in patients with acute or chronic forms of Hepatitis C and in many asymptomatic donors. Diagnosis of this infectious disease should not be based on results of this test alone,and a clinical correlation is essential for the same.

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- लेकिन फिर भी यह उनका सौभाग्य है कि आपने चिकित्सकों को रोगी के कष्टों का निवारण करने का उत्तम अवसर प्रदान किया है आपने उन्हें यह जिम्मेदारी पूरी करने की योग्यता भी प्रदान की है।
- हे प्रभु! चिकित्सकों को समस्त शक्ति प्रदान करें कि वह अपने उद्देश्यों को पूरी निष्ठा के साथ पूर्ण कर सकें।
- वास्तव में तो आप ही समस्त कष्टों का निवारण करते हैं तथा सब सुखों के स्रोत्र हैं, चिकित्सक तो केवल एक माध्यम मात्र है।
- हे प्रभु! समस्त रोगी जनों पर अपनी दया-दृष्टि बनाए रखें।

https://missionhopp.org/

सबका भला करो भगवान, सब पर दया करो भगवान, सब पर कृपा करो भगवान, सबका सब विधि हो कल्याण।

SHRI HANUMAN BALAJI PHARMACY

Licence No: DL-VIN-127839, DL-VIN-127840 **GSTIN:** 07AABTA0464D1ZA

Address: X-24, Institutional Area, Karkardooma, Delhi - 110092

Tel :- +91 7827945643

Website: hanumanbalajicharitablediagnostics.org

PHARMACY BILL

Name	:	SUNNY MAKHIJA	UHID No.	:	CASH002
Age/Sex	:	25 YRS / Male	Date	:	02-11-2021 09:28 AM
Mob No.	:	8447808546	Bill No.	:	SIS/21-22/0030990
Prescribed By	:		Receipt No.	:	SRE/21-22/0033515
Indent From:	:		Doctor Name	:	

Particulars (Batch)	Expiry	QTY.	Rate	Disc %	CGST %	CGST Amt	SGST %	SGST Amt	IGST %	IGST Amt	Amount
LIVOGEN Z CAP(BATCH :1188C84211)	(Dec-22)	30	3.66	0.00	6.00	5.88	6.00	5.88	0.00	0.00	109.80
RPEE- DSR(BATCH :SC-21135)	(Aug-23)	3	16.50	0.00	6.00	2.65	6.00	2.65	0.00	0.00	49.50
MAXIRICH CAP(BATCH :MXR21044BR)	(Apr-23)	2	19.00	0.00	9.00	2.90	9.00	2.90	0.00	0.00	38.00
AMIJECT 500MG(BATCH :L071026)	(May-23)	5	22.05	0.00	2.50	2.62	2.50	2.62	0.00	0.00	110.25
RENOCRIT 4K 0.4ML(BATCH :B100376)	(May-23)	3	160.01	0.00	6.00	25.72	6.00	25.72	0.00	0.00	480.03
ELDERVIT INJ.(BATCH :TGLI092113)	(Aug-23)	9	6.15	0.00	6.00	2.97	6.00	2.97	0.00	0.00	55.35
INFECROS 5 ML(BATCH :L0372007A)	(May-22)	5	30.24	0.00	6.00	8.10	6.00	8.10	0.00	0.00	151.20
TELMASYN-H(BATCH :SOT-4316)	(Dec-22)	3	14.00	0.00	6.00	2.25	6.00	2.25	0.00	0.00	42.00
FLUKA 150(BATCH :P110063)	(Dec-23)	10	5.60	0.00	6.00	3.00	6.00	3.00	0.00	0.00	56.00
PARACIP 650MG(BATCH :CP10395)	(Apr-24)	20	1.06	0.00	6.00	1.14	6.00	1.14	0.00	0.00	21.20
GLYPEN MF(BATCH :C-1B0191)	(Jan-23)	60	2.30	0.00	6.00	7.39	6.00	7.39	0.00	0.00	138.00
PANTOSEN 40(BATCH :PV0AC01)	(Apr-22)	5	10.50	0.00	6.00	2.81	6.00	2.81	0.00	0.00	52.50
METFORM-SR 500MG(BATCH :MT202411)	(Aug-22)	30	1.10	0.00	6.00	1.77	6.00	1.77	0.00	0.00	33.00

Taxable Amount : 1198.44 **CGST Total :** 69.20 **SGST Total :** 69.20 **IGST Total :** 0.00

Total GST : 138.39

Gross Total	1336.83
Round Off	0.17
Net Amount	1337.00
Amount Paid	1337.00

Payment mode : 1337.01 INR Cash

Received with thanks an amount of One Thousand Three Hundred and Thirty Seven Only

02-11-2021 09:28 AM Prepared By : DHRUV DHIRAN Printed By : Online User

***All the GST Taxes are included in MRP**

***Goods once Sold, will not be Taken Back without Showing Medicine Bill.**

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DISCHARGE SUMMARY

PATIENT NAME	: SUNNY ,MAKHIJA	AGE/SEX	: 25 Yrs/M
LOCATION NAME	: SSTK-2NDFLR-PAEDIATRICS	SSN NO.	: 670-81-2155
CONSULTANT	: ARYA,VINEET	DATE OF ADMISSION:	Jan 27,2021@14:36
ATTEN. PHYSICIAN:	ARYA,VINEET		

Date of Discharge

29.01.2021

Diagnosis:

- Chronic Kidney Disease on HD

Brief Clinical Summary

Mr. Sunny Makhija, 25 years old male, is a known case of chronic kidney disease on maintenance hemodialysis. He was admitted here for permcath insertion.

On admission, his pulse was 84/min. and BP was 120/74 mmHg. There was no pallor, no cyanosis, clubbing. JVP was not raised and lungs were clear. Precordial auscultation normal. Other systemic examinations were unremarkable.

Procedure-1:

- DSA venogram done through right IJV under LA (5FR) done on 28.01.2021.
- Findings:
  Left IJV, SVC patent & amenable to permcath insertion.

Procedure-2:

- PERMACATH INSERTION [RIGHT IJV] done under Ultrasound and fluoroscopic guidance under LA on 29.01.2021

Hospital Course

For post-hospital care at home, call Max@Home at 8744 888 888 (24x7 helpline). Services include Critical Care@home, Nursing Care, Healthcare Attendant, Physiotherapy, X-Ray, Sample Collection, Medicine Delivery, Medical Equipment and more.

IN CASE OF ANY EMERGENCY PLEASE CONTACT 0135-7193000

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Max Super Speciality Hospital, Saket
(East Block) - A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11 2651 5050
Fax: +91-11 2651 0050
www.maxhealthcare.in

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But [illegible] underwent USA venogram on 28.01.2021. Patient was advised for permcath [illegible] through right IJV under Local Anaesthesia. But patient became [illegible] and was unable to lie down, hence the procedure (permcath insertion) was abandoned. Nephrology consultation was taken and hemodialysis was done on 29.01.2021. Permcath insertion was then done on the following day. Patient showed satisfactory recovery in the post procedure period. Now he is being discharged in a stable condition.

He is being discharged on the following medications: -

- Tab Cretocon CV 1 tab twice daily (9am -9pm) x 5 days.
- Tab Mobirelief 1 tab thrice daily x 2 weeks.
- Tab Vitacover GC 1 tab once daily x 1 month.
- To continue rest of the treatment as advised by Nephrologist.

Instructions:

- Diet and activity as advised.
- Care of the Permcath as advised.

Follow up:

- Review with Dr. Vineet Arya in Vascular OPD after one week with prior appointment.
- Review with Nephrologist for further continuation of Dialysis.

- Report back to your Doctor at the earliest in case of any medical problem (severe pain, bleeding, swelling at the site, severe uneasiness, loss of consciousness)/ medical emergency.
- Avoid changing/ stopping medicines without medical guidance
- In case of any emergency, contact Max Hospital at 011-66115050; Ext.-2.

POST-OPERATIVE WOUND CARE AT HOME:

Please wash hands thoroughly before touching the wound area. Maintain personal hygiene, use luke warm water for bath and keep the wound area dry after taking bath. Make sure your blood sugar level is well controlled (in case diabetes). Follow up to be done as per treating doctor's advice.

It is advised to visit your doctor if you have fever, notice redness, have discharge from post-operative wound site.

For post-hospital care at home, call Max@Home at 8744 888 888 (24x7 helpline). Services include Critical Care@home, Nursing Care, Healthcare Attendant, Physiotherapy, X-Ray, Sample Collection, Medicine Delivery, Medical Equipment and more.

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[illegible] V [illegible] ARYA
[illegible] Consultant
[illegible]: 29/01/2021 11:07

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(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No: 011-46500000 Ext. 7000 & 7100, 011-26700700 - 02

Fax No: 46500000 Email: info@ilbs.in, Website: http://www.ilbs.in

Out Patient Consultation Record

UHID	ILBS/0000243375	Date	08 Mar 2021 10:05 am
Patient Name	Mr. SUNNY MAKHIJA	Doctor Name	Rajendra Prasad Mathur
Age/ Gender	24 Years(s) / Male	Designation	Sr Consultant Nephrology
Address	68/A, NABHID MARKET EAST DELHI		
City and State	DELHI, DELHI	Payer Category	EVIS

ILBS.0000243375

BP (mmHg) 150/98	Pulse (per min) 72	Waist (cm)	
Height (cms) 154cm	Weight (kgs) 50.5kg	BMI (kg/m^2)	Allergies :

Laboratory Tests
Amylase / Lipase / LDH
Alkal. Phos / SGPT / Bilirubin (T/D)
ANA / ANA Ab
CBC / Hemogram / Retic Count
Iron Studies
Glucose (F / PP) / GTT
HbA1c / Serum Insulin
HIV / HBV / HCV DNA
Kidney Function Test
PT / INR / PTTK
Liver Profile
ESR
ACE / APTA3 / PR/AA II
T3 / T4 / TSH
Total IgG / IgG4
Urine R/M | C / S
Vitamin B12 / D3 / RBC Folate / Serum Folate

Hepatitis Panel
HBsAg / HBsAg(Q)/AntiHBs
HBeAg / AntiHBe / Anti HBcIgM
HBV DNA(Q) / Genotype /Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV Ab

Radiology and Imaging
X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Pelvis / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP (Contrast / Non Contrast)
Dexa Hip and Spine / Whole Body

Miscellaneous
Ascitic fluid Analysis (Cytology / Cell count / SAAG /Total Protein / Amylase / Triglycerides / ADA / PCR TB)
Fibroscan

Nutritional
Body Composition Analysis

Endoscopy
UGIE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Antegrade / Retrograde)
ERCP
EUS

CKD - 5D (on Tran Transplant)
Basic dis - ?
BLD - 200 + 200 ml
Recent - Tx to (R) IJV (29/1/21)
Prospective Renal transplant
Recipient - Type-1-DM x 15yrs (on ins therapy)
HTN x 14yr
? B/L Renal stone.
CRSI (Jan. 31) → ins vancomycin + Amikacin
Hearing loss (Jan, 2021)

O/E - No pallor
No pleural effusion
Abd
BP, RAS monitoring
continue MMD Tacrolimus

- ↑ Tab Amlodipine 0.1 mg TDS.
- Tab Famotidine 20 mg BD

Follow up after: _____ days / weeks / months — PTO , OPD: Mon / Tue / Wed / Thu / Fri / S

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- Inj Engenix B 20 mg Bu deltoid 1/m stat
- Inj Prevenar 13 0.5 ml 1/m stat
  ↓
  Inj Prevenar 23 0.5 ml 1/m after 2 mo.
- Inj Vaxigrip 0.5 ml 1/m stat & yearly (sep/Oct)
- Tab Taxim - O 200 mg BD x 7 days.

CBC | CRP | Blood GS [CXR · AP view, Urine R/C

Hulle

Inj Transfer 10,000/SC once a wk

No IV trick lt. arm

5/5/21
Adv.

- CBC
- KFT
- Phosphorus Serum

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Out Patient Consultation Record

UHID	ILBS.0000243336	Date	04-Mar-2021 10:53 am
Patient Name	Mr. SUNNY MAKHIJA	Doctor Name	Venkata Siva Tez Pinnamaneni
Age/ Gender	24 Year(s) / Male	Designation	Assistant Professor Nephrology
Address	68/A, RASHID MARKET EAST DELHI		
City and State	DELHI, DELHI	Payer Category	EWS

ILBS.0000243336

BP (mmHg) 154/100	Pulse (per min) 70	Waist (cm) :	
Height (cms) 154 cm	Weight (kgs) : 50 Kg	BMI (kg/m^2) :	Allergies :

Laboratory Tests
Amylase / Urine / LDH
ANA / ASMA / Anti-LKM
ANCA / aGBM
CBC / HbA1c / Hgb Electro
DCT / Coombs
Glucose (F / PP) / GTT
Insulin / C-Peptide / Serum Insulin
HIV1 / HIV RNA
Kidney Function Tests
LFT / PTA
Lipid Profile
PCNB
AFP / α-FP / PIVKA II
T3 / T4 / TSH
IgM / IgG / IgG4
Urine R/E / N / C / S
Vitamin B12 / D3 / B12 Folate / Serum Folate
Hepatitis Panel
HBsAg / HBsAg(Q)/Viral Fix
HBsAg / Anti HBc / Anti HBc(T)
HEV DNA(Q) / Genotype / Resistance
Anti HCV / HCV RNA(Q) / HCV Genotype
IgM Anti HAV / IgM Anti HEV / HBc
Radiology and Imaging
X-ray Chest(PA) / Abdo / KUB
USG Upper / Whole Abdo / Fetal / Doppler
CT Upper / Whole Abdo (Cont / Non-Cont)
MRI Upper Abdo / Whole Abdo / MRCP
(Contrast / Non Contrast)
Pelvis and Spine / Whole Body
Miscellaneous
Ascitic fluid Analysis (Cytology / Cell count)
SAAG / Total Protein / Amylase
Mycobacteria / ADA / PCR TB)
Fibroscan
Nutritional
Body Composition Analysis
Endoscopy
UGIE (Antral / D2 Bx) / Sig / Colonoscopy
Enteroscopy (Anterograde / Retrograde)
ERCP
EUS

Type 1 diabetes x 15 years
on mixtard 25 U / 10 U
recurrent hypoglycemia
CKD Stage 1-3 Jan 20
hypertension. 16. (Oct 20)
Undergoing medi
Stage 5 HD 13.10.20
Bil PTV - GRBS
right sce thrombosis
pow v. for AVF
RVOM 300 ml

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

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Hearing loss

Adv

MHD 3/week.

Mefita 10D

Inj Epo 5000 v sc 3/week

Concor AM (5/). 1BD

Arkamine o'lme BD

Sevelamer 800mg TBD ō meals

review ō reports

Sd

Anti HBSAg
CBC
KFT
LFT
Ca/Pi
Anti HCU
HIV
Iron profile
PTH

Adv Dr. Poszer
80428
4.3.21

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Liver help line - 1-800-11-5354

Fax No: 46300010, Email: info@ilbs.in Website: http://www.ilbs.in

OUTPATIENT BILL

(DUPLICATE)

Bill No	: CR171636		
UHID	: ILBS.0000243336	Bill Date	: 09-Mar-2021 2:02 pm
Patient Name	: Mr. SUNNY MAKHIJA	Age / Gender	: 24 Year(s) / Male
Hospital GSTTIN	: 07AAALI0055R1ZV	Company Name	: EWS
		Company GSTTIN	:
		Company PAN	:

Sl No.	Service Name	HSN/SAC	Qty.	Price(Rs.)	Amount(Rs.)
1	URINE FOR ROUTINE AND MICROSCOPY(DIPSTICK METHOD)** -2041		1	100.00	100.00
2	X-RAY CHEST PA -7029		1	200.00	200.00
3	Film Charges (11" x 14")		1	80.00	80.00

Total Amount	:	380.00
Credit Amount	:	380.00
CGST (+) 0.00 %		0.00
SGST (+) 0.00 %		0.00
Paid Amount	:	0.00
Balance		380.00

Received with thanks the sum of Rs 0.00 From Mr. SUNNY MAKHIJA

Amount in Words : Rupees zero only

Payment Mode:

Remarks:

Cashier / Receptionist

User Name: GEETAGUPTA

Billed User Name:

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OUTPATIENT BILL

(ORIGINAL)

Bill No	: CR171645		
UHID	: ILBS.0000243336	Bill Date	: 09-Mar-2021 2:25 pm
Patient Name	: Mr. SUNNY NAKHIJA	Age / Gender	: 24 Year(s) /Male
Hospital GSTIN	: 07AAALI0055R1ZV	Company Name	: EWS
		Company GSTIN	:
		Company PAN	:

Sl No.	Service Name	HSN/SAC	Qty.	Price(Rs.)	Amount(Rs.)
1	AEROBIC CNS BLOOD		1	730.00	730.00

Total Amount	:	730.00
Credit Amount	:	730.00
CGST (+) 0.00 %		0.00
SGST (+) 0.00 %		0.00
Paid Amount	:	0.00
Balance		730.00

Received with thanks the sum of Rs 0.00 From Mr. SUNNY NAKHIJA

Amount in words : Rupees zero only

Payment Mode:

Remarks:

Cashier / Receptionist

User Name: POOJAB

Billed User Name:

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Liver help line - 1-800-11-5354
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

OUTPATIENT BILL

(ORIGINAL)

Bill No	: CR171048		
UHID	: ILBS.0000243336	Bill Date	: 04-Mar-2021 3:01 pm
Patient Name	: Mr. SUNNY MAKHIJA	Age / Gender	: 24 Year(s) /Male
Hospital GSTIN	: 07AAALI0056R1ZV	Company Name	: EWS
		Company GSTIN	:
		Company PAN	:

Sl No.	Service Name	HSN/SAC	Qty.	Price(Rs.)	Amount(Rs.)
1	CALCIUM-SERUM**		1	120.00	120.00
2	PHOSPHORUS-SERUM**		1	160.00	160.00
3	CBC (COULTER PRINCIPLE LH-750 VCS) **		1	170.00	170.00
4	IRON STUDIES(SERUM IRON, TIBC,TRANSFERRIN SATURAT		1	320.00	320.00
5	HIV 1 & 2**		1	460.00	460.00
6	KIDNEY FUNCTION TEST (KFT)**		1	500.00	500.00
7	LIVER FUNCTION TEST / PROFILE-SERUM**		1	500.00	500.00
8	ANTI HBS**		1	600.00	600.00
9	ANTI HCV**		1	780.00	780.00
10	PTH(PARATHYROID HORMONE),INTACT		1	1500.00	1,500.00

Total Amount	:	5,110.00
Credit Amount	:	5,110.00
CGST (+) 0.00 %		0.00
SGST (+) 0.00 %		0.00
Paid Amount	:	0.00
Balance		5,110.00

Received with thanks the sum of Rs 0.00 From Mr. SUNNY MAKHIJA

Amount in words : Rupees zero only

Payment Mode:

Remarks:

Cashier / Receptionist

User Name: GEETAGUPTA

Billed User Name:

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Phone : 01122505116

OPD Bill

Name	: Mr. Sanni Makhija S/o Jai Gopal	UHID	: 14992
N/A-	: N/A	Bill ID	: 8598/20-21
Age/Sex	: 24 y /Male	Visit Id	: OPD-6171/20-21
Mobile No	: 9211334287	Bill Date	: 13-01-2021 10:51
Address	: H.no.68 Gali.5 Rashid Market Krishna Nagar Delhi-51	Consultant	: Dr. Yogesh Chhabra

Services

S.No	Date	Description	Code	Unit	Rate	Dis%	Dis	Amt(R
1	13-01-2021	Dialysis Dialysis (FX8) - Dr. Yogesh Chhabra		1	1,600.00	0	0	1,600.0

Gross Amount : ₹1,600.00
Discount : ₹0.00
Net Amount : ₹1,600.00

Payments

S.no	Type	Date	Receipt no	Category	Mode	Note	Amount(Rs
1	Payment	13-01-2021	9394/20-21	Paid	Paytm	103743005 2	1,600.0

Paid Amount : ₹1,600.00
Cash Due : ₹0.00
Credit Due : ₹0.00

Prepared By : Mr. Arvind KumaR
Printed By : Mr. Arvind KumaR

Authorised Signature

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SMS HOSPITAL

15, Gagan Vihar, Main Road, Delhi- 110051
Phone : 01122505116

OPD Bill

Name : Mr. Sanni Makhija S/o Jai Gopal
N/A : N/A
Age/Sex : 24 y /Male
Mobile No : 9211334287
Address : H.no.68 Gali.5 Rashid Market Krishna Nagar Delhi-51

UHID : 14992
Bill ID : 9495/20-21
Visit Id : OPD-9048/20-21
Bill Date : 12-02-2021 12:03
Consultant : Dr. Yogesh Chhabra

Services

S.No	Date	Description	Code	Unit	Rate	Dis%	Dis	Amt(Rs
1	12-02-2021	Dialysis Dialysis (FXB) - Dr. Yogesh Chhabra		1	1,600.00	0	0	1,600.0

Gross Amount : ₹1,600.00
Discount : ₹0.00
Net Amount : ₹1,600.00

Payments

S.no	Type	Date	Receipt no	Category	Mode	Note	Amount(Rs
1	Payment	12-02-2021	10327/20-21	Paid	Debit Card		1,600.0

Paid Amount : ₹1,600.00
Cash Due : ₹0.00
Credit Due : ₹0.00

Prepared By : Mr. Mithilesh Kumar Yadav
Printed By : Mr. Mithilesh Kumar Yadav

Authorized Signature

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We have cross this Document to prevent from misuse

SMS HOSPITAL

15, Gagan Vihar, Main Road, Delhi- 110051
Phone : 01122505116

OPD Bill

Name	: Mr. Sanni Makhija S/o Jai Gopal	UHID	: 14992
N/A	: N/A	Bill ID	: 9602/20-21
Age/Sex	: 24 y /Male	Visit Id	: OPD-9153/20-21
Mobile No	: 9211334267	Bill Date	: 15-02-2021 10:48
Address	: H.no.68 Gali.5 Rashid Market Krishna Nagar Delhi-51	Consultant	: Dr. Yogesh Chhabra

Services

S.No	Date	Description	Code	Unit	Rate	Dis%	Dis	Amt(Rs
		Dialysis						
1	15-02-2021	Dialysis (FX8) - Dr. Yogesh Chhabra		1	1,600.00	0	0	1,600.0

Gross Amount	: ₹1,600.00
Discount	: ₹0.00
Net Amount	: ₹1,600.00

Payments

S.no	Type	Date	Receipt no	Category	Mode	Note	Amount(Rs
1	Payment	15-02-2021	10437/20-21	Paid	Cash		1,600.0

Paid Amount	: ₹1,600.00
Cash Due	: ₹0.00
Credit Due	: ₹0.00

Prepared By : Mr. Arvind KumaR
Printed By : Mr. Arvind KumaR

Authorized Signature

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