





SHIVA HOSPITAL

287-A, Mala Road, Sector-12A, Near Dada Singha
Chowk, Gurugram - 122 001 (Haryana)



Request Letter

To
Rebirth care Trust

Date -01/12/2023

Sub- Help the poor Baby Garima - Two (ID- 23/754)

Respected Sir/Madam,

This is to certify that Baby Garima (ID - 23/754) is being treated at Shiva Hospital since 29/11/23.. The expected stay of baby is for another 1 weeks. Parents are poor & unable to bare the expanses. Expected expanses are Rs. 60,000/- to Rs 90,000/- Please help the poor baby financially & oblige them. That shall be a great help for the parents.

Thanks & Regards

Shiva Hospital

Dr. Anurag Sobhar

287-A, Mala Road, Sector 12A,
Near Singha Chowk Gurugram

Rebirth Care Trust

☎ 8810210176, 0124-4232320

✉ shivahospital01@gamil.com

🌐 www.shivahospital.net

Not Valid for Medico Legal Purpose



LOCATION

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Age/Sex: 57
 11PM
 Ward No. AV/01
 Sebhari



SHIVA HOSPITAL

Patient Name GARIMA Age/Sex 57/F
 Date 29/11/23 Time 11PM
 UHID No. 1AD 754/23 Bed No. / Ward No. PV/01
 Treating Consultant DR. Anurag Sebhari

MLC : Yes/No

If Yes, MLC Number _____

Drug Allergy (To be Written in Red Ink)

Vulnerable/Non Vulnerable : _____

Neonates/infants/Paediatric/<18Ys/Geriatric/Psychiatric

Category / Panel _____

	Admission	Transfer		Discharge
Date	29/11/23			
Time	11PM			
Room No.	PV/01			

Provisional Diagnosis : _____

Procedure : _____

Condition At Discharge : Status Quo Improved Deterioated Dead Referred

Patient Discharge Documents Given to _____

Name & Signature

Doctor Name & Signature



SHIVA HOSPITAL

Patient Name: GARIMA, Age/Sex: 57/F, Date: 29/11/23, Time: 11PM, UHID No: 754/23, Bed No./Ward No: P/104, Treating Consultant: DR. Anurag Goshal

Registration Form For Admission

To be filled clearly in BLOCK LETTERS

Patient Name: GARIMA, Age: 57, Gender: FEMALE, Address: Gali No. 4 Kaji Nagar Gurgaon H.R., Landline / Mobile No: 7060252426

Signature of Relatives: पूजागोला

Name & Relationship with Patient: माँ

For TPA Patient

Company / TPA Name

Undertaking

I In case the TPA / CGHS / Company does not furnish the letter of Credit / Authority letter within 48 hours admission or there is any difference or denial to pay the medical bill, I undertake to make full payment of medical bills to the hospital.

Signature of Patient (Optional)

Signature of Relatives

Name & Relationship with Patient

For Office use only

MRD No, Registration ID, Admitted by

Documents required for panel patients

- 1. Identity Card / Medical Card / Insurance Health Card of Patient / Aadhar.
2. Renewal Policy Paper.
3. Referral Letter / Credit Letter from panel company.
4. Any other required document specific to a particular company will be asked verbally by billing Officer.

Company / TPA Name



SHIVA HOSPITAL

Patient Name: GARIMA, Age/Sex: 57/F, Date: 29/11/23, Time: 11PM, UHID No: 754/23, Bed No./Ward No: P/104, Treating Consultant: DR. Anurag Goshal

CONSENT FOR ADMISSION & TREATMENT

I hereby give consent for my / my relative for admission & treatment in this hospital under care of Dr. and I am ready for undergoing investigation, administration of medicines, injections, IV fluids (Glucose), Blood and Blood products, nutritional interventions and minor process etc. as prescribed by clinician / V.C.

Name & Signature of the Patient/Parent/Guardian or Thumb Impression

Name (नाम): पूजागोला

Name & Signature of the Witness (प्राबुध का नाम व हस्ताक्षर)

Name (नाम): माँ

Relationship with Patient (रिश्ते के सम्बन्ध)

I CONFIRM THAT I HAVE EXPLAINED THE SCOPE OF THE ABOVE CONSENT TO THE PATIENT AND/OR FAMILY MEMBERS

Name & Signature of the person taking the consent (Registration Clerk/Nurse/Doctor)

Name (नाम):

Designation (पद):

CONSENT FORM FOR HIV TESTING

This is to state that I have been counselled about the HIV test to be conducted on me and have been explained about the implication of the test result - positive, negative or indeterminate all the details pertaining to HIV, its transmission and testing procedure have been explained to me.

I, hereby, give my consent for the test to be conducted on me in order to ascertain my HIV sero-status.

Name (नाम):

Sign Here (हस्ताक्षर यहाँ करें)

Date (दिनांक):

Note: 1. It may be noted that general consent obtained for carrying out procedures in hospital does not include HIV consent.

- 2. In case minor, the consent should be obtained from the parents.
3. In case of unconscious patients, where there is a need for diagnosis of HIV for management of the patient, consent should be obtained from the parents, spouse / close relative available at the time.
4. In case no attendant is available, the test, if necessary for management of patient may be carried out on by two attending doctors.



SHIVA HOSPITAL

Patient Name: GARIMA Age/Sex: 5Y/F
 Date: 09/11/23 Time: 11PM
 UHID No: 754/23 Bed No. / Ward No.: PVT/1
 Treating Consultant: Dr. Anurag Sabhshi

Consent For Discharge on Request (DOR) / Leaving Against Medical Advice (LAMA)

अनुरोध पर निर्वहन / चिकित्सा सलाह के खिलाफ छोड़कर जाने (लामा के लिए सहमति)

I Heroby give my consent for me / my relative for (Tick one of the following) मैंने/ मेरे रिश्तेदार के लिए अपनी सहमति देता हूँ कि मैंने/ एक पर सही का निश्चय लगाया।

Discharging my/ my relative on request अनुरोध पर मुझे मेरे रिश्तेदार का निर्वहन leaving against medical advice चिकित्सा सलाह के खिलाफ छोड़ कर जाना (लामा) The consequences of such DOR / LAMA have been fully explained to me and I have clearly understood these consequences including the adverse effects it would have on my/ my relative's medical condition and health the medical care providers have requested me to re-consider my decision that I have done and this decision to leave the hospital has been taken by me after due consideration of all the details involved in the process. (अनुरोध पर निर्वहन स्थायी (चिकित्सा सलाह के खिलाफ छोड़कर जाना) के परिणाम को मुझे पूरी तरह से समझाया गया है और मैं और मे समझ गया हूँ और साथ ही साथ चिकित्सकों पर मुझपर मेरे रिश्तेदार को स्वास्थ्य पर प्रतिकूल प्रभाव / परिणामों को मैं समझ चुका हूँ। चिकित्सा सेवा प्रदाताओं ने मुझे अपने निर्णय पर पुनः विचार करने का अनुरोध किया है और अस्पताल छोड़ने का फैसला मेरा है जो मैंने इससे बाद में नहीं सोचने का विकल्पों के बाद किया है। I bear sole responsibility for this decision and its consequences & exempt the hospital and the care providers for the same और मैं इसका अनुमति देता / देती हूँ।

(Note: Comments if any be written by doctor/patient/ close relative of patient in his/her own hand (नोट: टिप्पणी यदि कोई हो, चिकित्सक / रोगी / रोगी के करीबी रिश्तेदार द्वारा अपनी लिखावट में लिखे जाने के लिए)

Name & Signature of the parent/Guardian of Thumb Impression रोगी/पिता/अभिभावक का नाम व हस्ताक्षर / अंगुठे का निशान
 Name (नाम) Sign Here (हस्ताक्षर यहाँ करें)

Name & Signature of the Witness (गवाह का नाम व हस्ताक्षर)
 Name (नाम) Sign Here (हस्ताक्षर यहाँ करें)

Relation with Patient (रोगी के सम्बन्ध) Date (दिनांक)

I CONFIRM THAT I HAVE EXPLAINED THE SCOPE OF THE ABOVE CONSENT TO THE PATIENT AND /OR FAMILY MEMBERS (मैं पुष्टि करता / करती हूँ कि मैंने रोगी और/वा परिवार के सदस्यों को उपरोक्त सहमति के बारे में समझा दिया है।)

(सहमति देने वाले व्यक्ति का नाम व हस्ताक्षर / गवाह का नाम / नर्स / डॉक्टर)

Name (नाम) Sign Here (हस्ताक्षर यहाँ करें)

Designation (पद) Date (दिनांक)



SHIVA HOSPITAL

Patient Name: GARIMA Age/Sex: 5Y/F
 Date: 09/11/23 Time: 11PM
 UHID No: 754/23 Bed No. / Ward No.: PVT/1
 Treating Consultant: Dr. Anurag Sabhshi

Initial Assessment Sheet

Chief Complaints: A 5 year old female admit to

fever x 2-3 days
- Vomiting, Head aches, Cough,
- GI weakness, Tendr Abdomen

History of Present illness: Rowish

Immunization H/o (For Children): H/o Pen 2-3 days
 Diet H/o:
 Developmental H/o (Children):

General Physical & Local Examination :
 BP: Pulse: 94 Temp: 100 RR: 22 Pupils: (2)
 Dehydration: (-) Pallor: (-) Icterus: (-) JVP: (N) Cyanosis: (-)
 Clubbing: (-) Oedema: (-) Lymphadenopathy: (-) Others: (-)

System Evaluation (CNS, CVS, Respiratory, GI etc)
CVS - S₂ ⊕
CNS - Conscious/Alert
GI - Clear
RTA - Softened toy

Provisional Diagnosis:

All orders must be Legible, Dated & Timed



SHIVA HOSPITAL

Patient Name: GARIMA Age/Sex: 54/F
Date: 29/11/23 Time: 11AM
LHIS No: 754/23 Bed No./Ward No: PVTB1
Treating Consultant: Dr. Anurag Prabhari

Plan of Care & Consultant Notes :

Concomitant Treatment

Investigation :

- Ady
- CBC
- MPOAig
- uric acid
- Typhidot
- WBC

Treatment

7.5ml P.C.O.P - 400
 In Amoxic 250mg TID BD
 In Fen 0.5 TID BD
 In Ent 0.5 TID BD
 In PCM 200mg BID
 Syp Moxon 400mg BID
 Nebu Bud + Muc 1/2 c

2HR

Expected Outcome :

Signature of RMO & Time.....Signature of Consultant & Time.....

Name of RMO : Name of Consultant :

All orders must be legible, dated & timed



SHIVA HOSPITAL

Patient Name: GARIMA Age/Sex: 54/F
Date: 29/11/23 Time: 11AM
LHIS No: 754/23 Bed No./Ward No: PVTB1
Treating Consultant: Dr. Anurag Prabhari

Progress Notes

Date / Time

HIGH RISK

Dr. Anurag Prabhari

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All orders must be legible, Dated & timed

Medication orders in Capital Letters. Signature to be followed by full name.



SHIVA HOSPITAL

Patient Name: GARIMA Age/Sex: 57/F
 Date: 29/11/23 Time: 11PM
 UHID No: 754/23 Bed No./Ward No: 11701
 Treating Consultant: Dr. Anurag Babbar

Progress Notes

Date / Time

Date: 30/11/23 (M)

GIC Bau

1/6 Small on the floor

G.I. with vomit

OIE PR-1181

RR-22

T_{ax} - 100.4

Ure - passed

Stool - formed

Dr. Anurag Babbar



SHIVA HOSPITAL

Patient Name: GARIMA Age/Sex: 57/F
 Date: 29/11/23 Time: 11PM
 UHID No: 754/23 Bed No./Ward No: 11701
 Treating Consultant: Dr. Anurag Babbar

Progress Notes

Date / Time

30/11 (M)

Pt seen

febrile

Abt. mild

Exam

PR-1181

RR-22

T_{ax} - 100.4

Ure - passed

Stool - formed

Dr. Anurag Babbar



SHIVA HOSPITAL

Patient Name GARIMA Age/Sex 54/F
 Date: 29/11/23 Time 11PM
 IPD No. 754/23 Bed No. / Ward No. PV701
 Treating Consultant Dr. Anurag Joshi

Nursing Medication Chart

Date:	IP No.	Ward Bed No.	Name of Patient : Age/Sex:	Provisional Diagnosis
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Drug: <u>1/4 MONOCEL</u>	Dose	Date	Time	Sign.	Date	Time	Sign.
Salt Name:	Frequency	<u>29/11/23</u>	<u>11:30 PM</u>		<u>30/11/23</u>	<u>10 AM</u>	
Route: <u>IV</u>	<u>250mg</u>					<u>10 PM</u>	
Special Instructions:	<u>BD</u>						

Drug: <u>1/4 RANTAK</u>	Dose	Date	Time	Sign.	Date	Time	Sign.
Salt Name:	Frequency	<u>29/11/23</u>	<u>11:30 PM</u>		<u>30/11/23</u>	<u>10 AM</u>	
Route: <u>IV</u>	<u>0.5mg</u>					<u>10 PM</u>	
Special Instructions:	<u>BD</u>						

Drug: <u>1/4 LEMSET</u>	Dose	Date	Time	Sign.	Date	Time	Sign.
Salt Name:	Frequency	<u>29/11/23</u>	<u>11:30 PM</u>		<u>30/11/23</u>	<u>10 AM</u>	
Route: <u>IV</u>	<u>0.5mg</u>					<u>10 PM</u>	
Special Instructions:	<u>BD</u>						

Drug: <u>1/4 PCM</u>	Dose	Date	Time	Sign.	Date	Time	Sign.
Salt Name:	Frequency	<u>29/11/23</u>	<u>11 PM</u>		<u>30/11/23</u>	<u>10 AM</u>	
Route: <u>IV</u>	<u>90mg</u>					<u>10 PM</u>	
Special Instructions:	<u>TDS/Day</u>						

Drug: <u>Syp. MONTAK-1C Kid</u>	Dose	Date	Time	Sign.	Date	Time	Sign.
Salt Name:	Frequency	<u>29/11/23</u>	<u>10 AM</u>		<u>30/11/23</u>	<u>11 AM</u>	
Route: <u>P/O</u>	<u>5ml</u>						
Special Instructions:	<u>OD</u>						

Doctor's Name & Sign.	
Supervisor's Name & Sign.	
All Medication orders should be in CAPITAL LETTERS.	In Case the Medication is STOPPED; Please Write STOP
In Case of Medication Errors; Please Highlight.	In Case the Medication is Review; Please Write REVISED



Patient Name: GARIMA Age/Sex: 5Y/11
 Date: 09/11/23 Time: 11AM
 UHID No: 754/20 Bed No. / Ward No: PVT/1
 Treating Consultant: Dr. Anurag Babbar

SHIVA HOSPITAL

Nursing Medication Chart

Provisional Diagnosis

Date: 09/11/23 IP No. 754/20 Ward No. PVT/1 Name of Patient: GARIMA Age/Sex: 5Y/11

Drug	Dose	Date	Time	Sign	Time	Sign	Time	Sign
<u>Medication</u>	<u>100mg</u>	<u>09/11/23</u>	<u>11AM</u>	<u>[Signature]</u>	<u>11AM</u>	<u>[Signature]</u>	<u>11AM</u>	<u>[Signature]</u>

Drug	Dose	Date	Time	Sign	Time	Sign	Time	Sign

Drug	Dose	Date	Time	Sign	Time	Sign	Time	Sign

Drug	Dose	Date	Time	Sign	Time	Sign	Time	Sign

Drug	Dose	Date	Time	Sign	Time	Sign	Time	Sign

Drug	Dose	Date	Time	Sign	Time	Sign	Time	Sign

Doctor's Name & Sign. _____
 Supervisor's Name & Sign. _____

All Medication orders should be in CAPITAL LETTERS. In Case the Medication is STOPPED; Please Write STOP
 In Case of Medication Errors; Please highlight. In Case the Medication is Review; Please Write REVISED



Patient Name: GARIMA Age/Sex: 5Y/11
 Date: 09/11/23 Time: 11AM
 UHID No: 754/20 Bed No. / Ward No: PVT/1
 Treating Consultant: Dr. Anurag Babbar

SHIVA HOSPITAL

Fluid Balance Vital Signs & Drug Chart

Time	VITAL SIGNS			IN PUT		OUT PUT		BALANCE
	Pulse	B.P.	Resp. Temp.	I.V. Type	Oral/Ryles Tube type Qty	Urine	Vomil/ Stool	
7 A.M.								
8								
9								
10								
11								
12								
1 P.M.								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
1 P.M.								
2								
3								
4								
5								
6								
TOTAL INPUT								
TOTAL OUTPUT								



SHIVA DIAGNOSTIC

CARING FOR YOUR...HEALTH.

Patient Name: BABY. GARIMA

Age: 05 Yrs Sex: F

Lab No: 1689

Sample: BLOOD

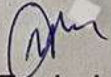
Referred By: SHIVA HOSPITAL

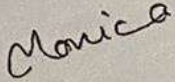
Investigation Date: 30-11-2023

Patient Location: GURGAON

Reporting Date: 30-11-2023

Test	Result	Units	Ref. Range
CBC :			
Haemoglobin	14.6	gm/dl	(13.0-17.0)
Packed Cell, Volume	38.9	%	(40-54)
Total Leukocyte Count (TLC)	19300	/cumm	(6000-15600)
RBC Count	4.90	Millions/cmm	(4.5-5.5)
MCV	79.3	fL	(80-100)
MCH	29.6	picogram	(27-31)
MCHC	37.9	gm/dl	(33.0-37.0)
Platelet Count	1.65	Lakh/cmm	(1.50-4.50)
RDW	15.4	FL	(11.0-15.0)
Differential Leukocyte Count:			
Neutrophils	65.0	%	(40.00-70.00)
Lymphocytes	30.0	%	(20.00-45.00)
Monocytes	03.0	%	(2.00-10.00)
Eosinophils	02.0	%	(1.00-6.00)
Basophils	0.0	%	(<2.00)


Sr. Lab. Technician


DR. Monika
M.B.B.S, M.D
Consultant Pathologist

SHIVA HOSPITAL : 287-A, Mata Road, Sector-12A, Near Dada Singha Chowk, Gurugram | 9818793428

NOT FOR MEDICO LEGAL PURPOSE

The Result of Above Investigations Are to be co-related with the clinical & other investigative findings.
If any result is Alarming or unexpected, Please Contact The Lab Immediately For A Review.

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Patient Name: BABY. GARIMA

Age: 05 Yrs Sex: F

Lab No: 1689

Sample: BLOOD

Referred By: SHIVA HOSPITAL

Investigation Date: 30-11-2023

Patient Location: GURGAON

Reporting Date: 30-11-2023

Test	Result	Units	Ref. Range
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SEROLOGY

Malaria Anitigen Test	P.Vivax	Negative	Negative
	P.Falciparum	Negative	Negative

Summary :

Malaria is a curable disease if the patients have access to early diagnosis and prompt treatment. Antigen-based Rapid Diagnostic Tests (RDTs) have an important role at the periphery of health services capability because none of the rural clinics has the ability to diagnose malaria on-site due to a lack of microscopes and trained technicians to evaluate blood films. Furthermore, in regions where the disease is not endemic laboratory technologists have very limited experience in detecting and identifying malaria parasites. An ever increasing numbers of travelers from temperate areas each year visit tropical countries and many of them return with a malaria infection. The RDT tests are still regarded as complements to conventional microscopy but with some improvements it may well replace the microscope. The tests are simple and the procedure can be performed on the spot in field conditions. These tests use finger-stick or venous blood, the completed test takes a total of 15-20 minutes, and a laboratory is not needed. The threshold of detection by these rapid diagnostic tests is in the range of 100 parasites/ μ l of blood compared to 5 by thick film microscopy

Typhi - Check IgM	Negative	Negative
Typhi - Check IgG	Negative	Negative

Summary :

A febrile condition, Typhoid fever, is a bacterial infection caused by Salmonella serotypes including S. paratyphi A, S. paratyphi B and salmonella sendi. The symptoms of the illness include high fever, headache, abdominal pain, constipation and appearance of skin rashes. Accurate diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but to identify and treat the potential carriers and prevent acute typhoid fever outbreaks. Early rising antibodies to Lypopolysaccharide (LPS) O are predominantly IgM in nature. Detection of S. typhi specific IgM antibodies instead of IgG or both IgM (as measured by the Widal test) would serve as a marker for recent infection.

[Signature]
Sr. Lab. Technician

[Signature]
DR. Monika
M.B.B.S, M.D
Consultant Pathologist

SHIVA HOSPITAL : 287-A, Mata Road, Sector-12A, Near Dada Singha Chowk, Gurugram | 9818793428

NOT FOR MEDICO LEGAL PURPOSE

The Result of Above Investigations Are to be co-related with the clinical & other investigative findings.
If any result is Alarming or unexpected, Please Contact The Lab Immediately For A Review.



Patient Name: BABY. GARIMA	Age: 05 Yrs Sex: F
Lab No: 1689	Sample: BLOOD
Referred By: SHIVA HOSPITAL	Investigation Date: 30-11-2023
Patient Location: GURGAON	Reporting Date: 30-11-2023

Test	Result	Units	Ref. Range
WIDAL			
Salmonella typhi,O(TO)	1:40		<1:40
Salmonella typhi,H(TH)	1:40		<1:40
Salmonella paratyphi A,H	1:20		<1:20
Salmonella paratyphi B,H	1:20		<1:20

Interpretation of widal test:

Timing of test is important, as antibodies begin to arise during end of first week. The titres increase during second, third and fourth week after which it gradually declines. The test may be negative in early part of first week.

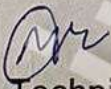
Single test is usually of not much value. A rise in titre between two sera specimens is more meaningful than a single test. If the first sample is taken late in the disease, a rise in titre may not be demonstrable. Instead, there may be a fall in titre.

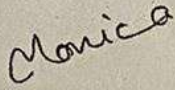
Baseline titre of the population must be known before attaching significance to the titres. The antibody levels of individuals in a population of a given area give the baseline titre. A titre of 80 or more for O antigen is considered significant and a titre in excess of 80 for H antigen is considered significant.

Patients already treated with antibiotics may not show any rise in titre, instead there may be fall in titre. Patients treated with antibiotics in the early stages may not give positive results.

Patients who have received vaccines against Salmonella may give false positive reactions. This can be differentiated from true infection by repeating the test after a week. True untreated infection result in rise in titre whereas vaccinated individuals don't demostarte any rise in titre.

Those individuals. Who had suffered form enteris fever in the past. Sometimes develop anti-Salmonella antibodies during an unrelated or closely related infection. This is termed anamnestic response and can be differentiated from true infection by lack of any rise in titre on repetition after a week.


Sr. Lab. Technician


DR. Monika
M.B.B.S, M.D
Consultant Pathologist



SHIVA DIAGNOSTIC

CARING FOR YOUR...HEALTH.

Patient Name: BABY. GARIMA

Age: 05 Yrs Sex: F

Lab No: 1689

Sample: URINE

Referred By: SHIVA HOSPITAL

Investigation Date: 30-11-2023

Patient Location: GURGAON

Reporting Date: 30-11-2023

Test	Result	Units	Ref. Range
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Urine Examination:

Macroscopy:

Colour	Pale Yellow		Pale Yellow
PH	6.0		5.0-7.0
Specific Gravity	1.020		1.015-1.025
Protein	Nil		Nil
Glucose	Nil		Nil
Ketone	Nil		Nil
Blood	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Nil		Normal
Microscopy			
R.B.C.	Nil	/HPF	Nil
Pus Cells	2-4	/HPF	<5/HPF
Epithelial Cells	Nil	/HPF	Nil
Cast	Nil		Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Other	Nil		Nil

Sr. Lab. Technician

DR. Monika
M.B.B.S, M.D
Consultant Pathologist