

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 10-09-25

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : MASTER AADITYA

AGE: 01 YR 6 M

RELIGION : HINDU

GENDER : MALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

The urgent medical situation of Master Aaditya, who has been diagnosed with Eye cancer (Retinoblastoma). Regrettably, his father is currently unemployed and therefore unable to cover the costs of his essential treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR. AMARNATH YADAV

MOTHER'S NAME: MRS. NIRMALA DEVI

OCCUPATION: NA

SIBLING : 3 SISTERS

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : EYE CANCER (RETINOBLASTOMA)

TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY.

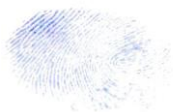
APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,50,000/-

TREATMENT IS DONE AT : Aiiims Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE. I AM NOT IN THE FINANCIAL POSITION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD. I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)



शेवा में

श्रीमान वृषी महोदय

कॉन्सेलर हैप्पीनेस उमर्गनाइजेशन

महोदय

श्रीमान निवेदन यह है कि मेरा नाम उमर्गनाथ प्रसाद
है। मेरे ^{बेटे} मेरे बेटे का जन्म जादिय है इसकी उम्र 1 वर्ष है
उसे आई कैंसर है जिसका इलाज राउस इस्पताल
में चल रहा है डॉक्टर ने इलाज के लिए
150000/- तक का खर्च बताया है जिसके लिए मैं
असमर्थ हूँ।

इसलिए मेरा निवेदन है कि मेरे बेटे के इलाज
के लिए आर्थिक सहायता प्रदान करें। मैं इस
शेवा का आभारी रहूंगा

धन्यवाद

उमर्गनाथ चावुव

जिला सेनामल, उ.प्र.



PATIENT'S NAME: AADITYA	AGE/SEX: 1Y 5M/M
REF. BY: DR. AIIMS	REG./UID: AIA2818
TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS	EXAM. DATE: 15-JUL-2025

CEMRI BRAIN AND ORBITS

STUDY PROTOCOLS:

MR IMAGING OF THE BRAIN WAS PERFORMED USING FLAIR, T1 AND T2 WEIGHTED AXIAL SECTIONS, AND CORRELATED WITH T2W SAGITTAL AND FLAIR CORONAL IMAGES. IMAGING OF ORBITAL REGIONS WAS PERFORMED USING CORONAL STIR, T1W AND T2W SECTIONS AND CORRELATED WITH T1W AND T2W AXIAL AND SAGITTAL IMAGES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES.

FINDINGS:

Right eye ball is shrunken and distorted and shows heterogeneously enhancing altered signal intensity lesion measuring approx 12 x 14 mm in posterior chamber of right eye ball. No evidence of any extension beyond the eye ball is seen.

There is evidence of heterogeneously enhancing altered signal intensity lesion measuring approx 10 x 10 mm in the temporal aspect of left eye ball in the posterior chamber. No evidence of any extension beyond the eye ball is seen.

The cerebral parenchyma appears normal in signal intensity with maintained grey and white matter differentiation. No focal parenchymal lesion or signal alteration is apparent, at present.

Diffusion weighted imaging carried out does not reveal any area revealing hyperintense signal intensity with increasing 'b' values.

Both cerebellar hemisphere and brainstem appear normal in morphology and signal intensity. Cerebellopontine angle regions appear normal.

Basal ganglia and thalamic regions appear normal in signal intensity.

Ventricles are normal in shape, size and outline. Septum is in midline. Basal cisterns and sylvian fissures are normal.

Sellar and parasellar regions appear normal.

Bilateral optic nerves grossly appear normal.

Optic chiasma appears normal in contours and signal intensity, at present.

Bilateral cavernous sinuses appear normal.

No abnormal post contrast enhancing lesion is seen.



MIS-2025-0305

PATIENT'S NAME: AADITYA		AGE/SEX: 1Y 5M/M
REF. BY: DR. AIIMS		REG./UID: AIA2818
TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS		EXAM. DATE: 15-JUL-2025

IMPRESSION: MR imaging of brain and orbits reveals :

- Shrunk and distorted right eye ball with heterogeneously enhancing altered signal intensity lesion in posterior chamber of right eye ball- likely retinoblastoma.
- Right eye ball is shrunk and distorted and shows heterogeneously enhancing altered signal intensity lesion measuring approx 12 x 14 mm Heterogeneously enhancing altered signal intensity lesion in the temporal aspect of left eye ball in the posterior chamber - likely retinoblastoma.

Please correlate clinically

Dr. Sacchidanand Purkait Chief Consultant Radiologist	Dr. K. K. MISHRA Consultant Radiologist..	Dr. Bhavesh Patel Consultant Radiologist	Dr Rahul Bhartiya Consultant Radiologist
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ब. रो. वि. कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू०एच०आई०डी० संख्या
UHID No. 108260612

आचार्य एम. एस. बजाज का एकक
Prof. M. S. Bajaj's Unit



नेत्र अमृत्य उपहार है
जो आप ही दे सकते हैं

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा नंबर
Cabin No.

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Aditya		M	14	
दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment		
14/4/25	B/E Gyp E RB	<p>NO. of Chemo cycle - 04 (17/07/25)</p> <p>EBRT / IAC - NONE</p> <p>Last Exam - 14/4/25</p> <p>advised @ Enucleation + 1 Implant + @ Exam (D/C admission - 22/4/25)</p> <p>still appears</p> <p>(R) EMRZ → 8/0 (R) @ 20/25 (14/4/25) - 2 weeks back</p> <p>2 oph more enucleated @</p>		

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं

1. No Smoking

2. Use Dustbin

3. No Spitting

ब. रो. वि. कार्ड
O.P.D. Card

दृष्टि



नेत्र अमृत्यु उपचार है
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Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या
UHID No. 108260612

आचार्य एम.एस. बजाज का एकक
Prof. M.S. Bajaj's Unit

138

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
AAaditya		M	1y	

दिनांक DATE	निदान DIAGNOSIS
14/7/24	RB Extraocular RB Adv IDRB

उपचार Treatment

EUA done by Dr. Sachin Mehta

No of Chemo cycles: 3 (Last: 16/6/24)

ALS

RB? Prephthysical

Cornea: Haze

AC: Flat

Lens: Cataractous

Post Synechiae

LB Cornea Clear

Pupil: Circular

Central
Dilating upto 7mm

No signs of AC

Seeding

Fund: Glauco, Media Clea

Large calcified tumor Nasally, Superior

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

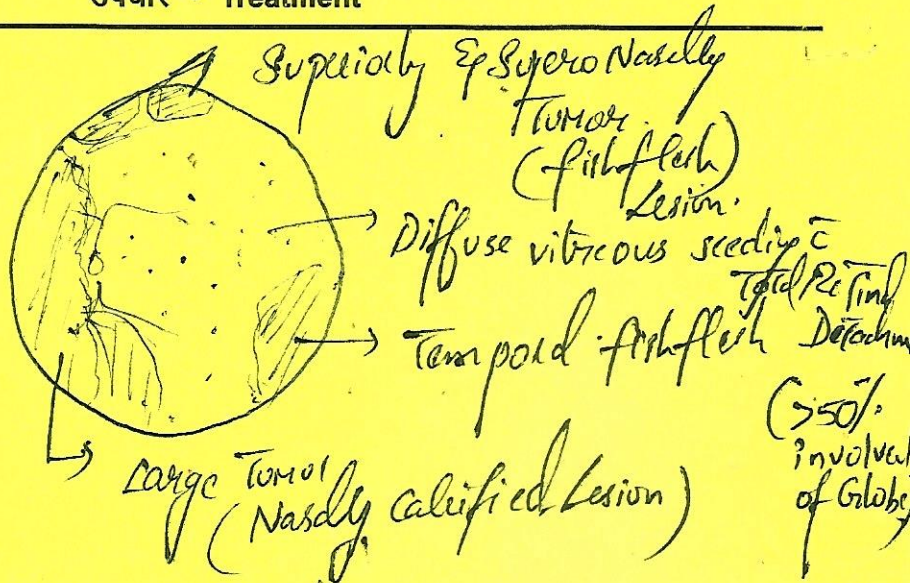
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1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं

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Imp:

B/L Advanced RB
R/E Proliferative (?EORB)
L/E Group E RB

Adv:

Repeat

→ CE-MRI

fat suppressed

2mm cuts through optic Nerve & Pined gland

Sagittal/Coronal/Axial view

D/f : R/E Enucleation + implant
+
L/E EVA

22/07/2025
ward 1B
7.30am

KINDLY DO NOT CANCEL

Saran

Review in RB clinic (142) Thursday report & film / Friday / Tuesday

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

compared to Previous Scan

(32)

ब. रो. वि. कार्ड
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
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Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029



अनुभाग व दिन
Section and Day V
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.

यू.एच.आई.डी. संख्या

UHID No. 108260612

आचार्य एम.एस. बजाज का एकक
Prof. M.S. Bajaj's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Aaditya		M	1y	

दिनांक DATE	निदान DIAGNOSIS
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उपचार Treatment

B/E Advanced FORB

→ Baseline MRI done at the time of eye swelling likely s/o orbital cellulitis features

Plan enucleation (RT) DOP for Baseline Same

To discuss MRI again at the time of Adm

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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दिनांक - Date

उपचार - Treatment

EORB / (R) Enuc (L) Crp

12/08/2025

Chemo - 5 (09/08/2025)

Enuc - 24/7/2025

HPE - 251309

NO HRR

Candib

Na

(LC)

Date for
EUA.

Dr. Saini

Optic N. thickening
Gmm.

01/09/2025
OT 5th Floor
8:30 AM

Refd to Dr Saini
for EBRT.

for EORB

Dr. Saini

Bone M. Report
CSF Report

Registration & Dr. Sh. Saini on 11/9/25 / Mon / 15:00

Dr. Saini

Dr. Saini

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

4B - ward

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
UHID:108260612 Date: 22/07/2025 10:58:35 AM
CR No.:R-030645-25 Ward Name: RPC 1B Bed No: 138
Name: MR. AADITYA Unit In-charge: Dr. M. S. Bajaj
Age: 1 Y 5 M 5 D/M Unit-V
S/O: AMAR NATH ACCOUNTS-21-26655/202526 RS 105
Address: VILL. GIDHIYA DSITT. SONBHADRA UTTAR PRADESH

नेत्र विज्ञान केन्द्र
or Ophthalmic Sciences
न, नई दिल्ली- 110029
ciences, New Delhi-110029
LTATION RECORD

एम.आर.- 9
M.R. -9

वैवाहिक स्थिति Marital Status	के.पं.सं. C.R. No.
व्यवसाय Occupation	धर्म Religion
	स्थिति Status

Referred by Dr. SR Ophthe
Requesting Doctor

to Dr. SR PHD
Consultant & Specially

Findings :

Date: 22/7/25

referred colleague,
this child is a R/O R/L retinoblastoma
s/p 4- cycles of chemotherapy (last cycle on
17-7-25) planned for (R) enucleation & GA.

agnosis or Impression :

child has complaints of
cough, coryza since 4 days.
and by adx's management

23/07/25

4B ANDR

mendations:

vitals stable

1) syp cetirizine (5mg/5ml) sent po BD
x 5 days

Consultant's Sign



शरीरमाद्यं खलु धर्मसाधनम्

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Am

अ.भा.उ

बहिरं

अस्पताल के अन्दर

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 342578

Clinic Paediatric Medical Oncology Clinic

Deptt. MEDICAL ONCOLOGY

General

Reg. Date-28/04/2025

Clinic No. 2025/8169

S050825254

103

E050825239

103



Mr. AADITYA...

UHID-108260612

एकक/Unit

विभाग/Dept.

नाम/ Name

पिता/

F/

नाम

Name AADITYA

MR. AMAR NATH

Phone No. 9956364587

Address VILL - GIDHYA, DIST - SONBHADRA, UTTAR PRADESH,

Sex/Age M/1Y

Room Board Room (Shift Afternoon)

Date of Birth

Aaditya

M

1.2yrs

108260612

निदान/ Diagnosis

RB = B/L

दिनांक/ Date

30/5/25

उपचार/ Treatment

Cw for CHIVEC

Inj VCR 0.45mg IVP (D1)

Inj Emetate 1.5mg IVP

Inj Dexam 1.5mg IVP

Inj Rantec 25mg IVP



Inj Etoposide 90mg / 250ml D5 / 2 hours (D1)

Inj Cyclophosph

Inj Carboplatin 165mg / 250ml D5 / 2 hours (D1)

Post med

Syp Emet 2-5mg TDS x 3 days then SOS

Syp Ondansetron 1-25mg BSP 3d

Syp Rantec 25mg OD x 3d

F/Vom 26/5/25 with CBC LFT RFT

Review SOS @ 26/5/25 Emergency

(Daycare)

30/5/25

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION-A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

Dr. SAURABH SHARMA
Senior Resident (DM)
Medical Oncology
AIIMS, New Delhi

26/5/25:

Child ok
labs ok.

Advice:

LD day care

1. Proceed to cycle 2 chemo as charted overleaf.
date from daycare _____
2. N/V 16/6/25 CBC/RET/UF7

Daycare
SR

16/6/2025

B/L Groups | Familial

NO concerns

Due for cycle 3 SR
(Daycare)

10.8/4.4/10.9/10.4/4.6/2.1

Ht/Lt: WNL

OK

OK
17/7/25

Advise:

- Proceed to cycle 3 chemo as charted overleaf
- EVA assessment Post 3#
- Date from Day care

24/6

No concerns

N/V in OAD 7/07/25
CBC/RET/UF7

7/7/2025

CBC/RET/UF7: WNL

Advise:

EVA Post 3# → RPC
N/V on 16/07/25 CBC/RET/UF7

Shirani
SR

OK
MEDICAL
22/5



Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER
HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW
DELHI

DISCHARGE SLIP

Date:09-08-2025

Indoor RegNo.:0

UHID: IRCH
No.:342578

Ward:DayCare

Consultant Name:DR. SAMEER
BAKHSI

Patient Name:AADITYA

Age:1 Sex:Male

Admission Date:8/9/2025
12:00:00 AM

Chemo. Protocol:

Diagnosis: OTHERS

Cycle/Day:

DRUGS ADMINISTERED

PREMEDICATION GIVEN

Inj Ondansetron 2 mg

Inj Dexamethasone 2 mg

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

SNo.	Drug Name	Drug Other	Final Dose	Unit	Soln	Infusion
1		inj Etoposide	90mg	250 ml	5%D	2 hrs
2		inj vincristine	0.45mg			IVP
3		inj Carboplatin	165mg	250 ml	5%D	2 hrs

Advice:

Re-appointment In:

On:

Prescribed Treatment

Signature of Physician

Dr. Karan

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

Reg Date :	17/04/2025 12:42 PM
Reg No :	108260612
Reg Name :	Mr. AADITYA
Age :	1 year 5 months 17 days
Unit Name :	Unit-V
Department :	R. P. Centre (Eye Centre)
Sample Collection Date :	05/08/2025 09:41 AM
Unit Incharge :	
Sample Received Date :	05/08/2025 01:01 PM
Lab Name :	NCI CORE LAB
Lab Sub Centre :	
Dept / IRCH No :	20250050046651
Recommended By :	Dr. S Ghose
Lab Reference No :	2423

Sample Details : E050825239 (Whole Blood (EDTA)) / Report Date: 05/08/2025 02:33 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
<u>CBC</u>				
Hemoglobin (Cyanide Free Colorimetric)	9.500	g/dL	• 13 - 17 g/dL	
Hematocrit (Calculated)	31.6855	%	• 40 - 50 %	
RBC Count (Isovolumetric Sphering)	3.850	10 ⁶ /μL	• 4.5 - 5.5 10 ⁶ /μL	
WBC Count (Fluo Flowcytometry)	5.890	10 ³ /μL	• 4 - 10 10 ³ /μL	
Platelet Count (Isovolumetric Sphering Optics)	279	10 ³ /uL	• 150 - 410 10 ³ /μL	
MCV (Calculated)	82.300	fL	• 83 - 101 fL	
MCH (Calculated)	24.6753	pg	• 27 - 32 pg	
MCHC (Calculated)	29.9822	g/dL	• 31.5 - 34.5 g/dL	
RDW-CV (Calculated)	19.400	%	• 11.6 - 14 %	
<u>DLC</u>				
Neutrophils (Fluo Flowcytometry)	23.000	%	• 40 - 80 %	
Lymphocytes (Fluo Flowcytometry)	59.900	%	• 20 - 40 %	
Eosinophils (Fluo Flowcytometry)	0.300	%	• 1 - 6 %	
Monocytes (Fluo Flowcytometry)	10.100	%	• 2 - 10 %	
Basophils (Fluo Flowcytometry)	0.300	%	• 0 - 2 %	
Neutrophils - Abs (Fluo Flowcytometry)	1.3547	10 ³ /μL	• 2 - 7 10 ³ /μL	
Lymphocytes - Abs (Fluo Flowcytometry)	3.52811	10 ³ /μL	• 1 - 3 10 ³ /μL	
Eosinophils - Abs (Fluo Flowcytometry)	0.01767	10 ³ /μL	• 0.02 - 0.5 10 ³ /μL	
Monocytes - Abs (Fluo Flowcytometry)	0.59489	10 ³ /μL	• 0.2 - 1 10 ³ /μL	
Basophils-Abs (Fluo Flowcytometry)	0.01767	10 ³ /μL	• 0 - 0.1 10 ³ /μL	

Over All Comment :

Authorized Signatory
Dr.Tanima Dwivedi

Verified/Reviewed
mahenpallabnci

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

*****END OF THE REPORT*****



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ. INDIA

OPR.

शरीरमाहं खलु धर्मसाधनम्

अस्पताल के

IMISES

DR. B.R.A. IRCH, AIIMS, NEW DELHI

Reg. Date-23/04/2025

IRCH No. 342578

Clinic No. 2025/23685

Clinic Paed. Lymphoma Leukemia Clinic

Deptt. MEDICAL ONCOLOGY

General



UHID-108260612

No. PLL-2368

एकक/Unit DR. S.B.

विभाग/Dept. DR. D.P.

नाम/ Name

नाम

Name AADITYA

S/O- AMAR NATH

Phone No. 9956364687

Sex/Age M /1Y

Room 1 (Shift Morning)

तथि / Date of Birth

निदान/ Diagnosis

दिनांक/ Date

23/4/25

उपचार/ Treatment

Familial RB

Bilateral intraocular RB. Gp. E

Advice:

1. Baseline w/u: EBC/RFT/LFT
Viral markers.

2. 30 Blood donation - (New emergency Blood B)

3. Screening of other siblings.

4. To opt EUA after 3 cycles of OEI, decide further plan based on response.

5. Attach RB chemo protocol to file.

6. N/V 28/4/25. (Board Room)

Panjana
S.R.

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION-A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs.service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients



संशोधन एवं अनुसंधान

Saturday

दंत शिक्षा एवं अनुसंधान केन्द्र

बहिरंग रोगी विभाग

अ० भा० आ० सं० अस्पताल

CENTRE FOR DENTAL EDUCATION & RESEARCH

Out Patient Department

A.I.I.M.S. HOSPITAL



10 स्वच्छ भाग

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES

2025/043/0005433

(Pediatric and Preventive Dentistry) Pediatric and Preventive Dentistry

Dr. SR I Under 108260612

विभाजन/Division

Dr. V.P. Mathur

O.P.D. Regn. No.

नाम / Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग / Sex	आयु / Age	पता / Address
AADITYA	S/O : AMAR NATH	पुरुष M	1 वर्ष / Y 6 महिना / M 18 दिन / D	VILL- GIDHIYA, DSITT- SONBHADRA, UTTAR PRADESH, INDIA M: 9956364687

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

08 SEP 2025

Done By: Centre for Dental Education & Research/999999846

Room No. 608, Sixth Floor (छठी मंजिल)

06/09/2025 10:58:31 AM

*TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-26589142

**फोन के माध्यम से अपाईटमेंट नंबर लेने के लिए, डायल : 011-26589142

***Doctor may not be available, However you may be seen by some of the doctors in the department

***आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।

YC: Patient request for 1RM for dental clearance prior to BM7.

M/M: Bilateral retinoblastoma

(undergoing chemotherapy;
scheduled for radiotherapy)

Saturday

O/E: Fair and hyaline.
No treatment required.

Patient has been cleared for radiotherapy for dental part of her
Patient guardian has been advised to maintain good oral hygiene
and undergo regular dental checkups.

gaur

मुझे स्थानीय संवेदनहरिता (लोकल एनेस्थीसिया),
शल्यचिकित्सा की प्रक्रिया और जटिलता के बारे में
विस्तृत रूप से मेरी मातृभाषा में सूचित कर दिया
गया है। मैंने अपनी चिकित्सकीय समस्याओं
(उच्चरक्तचाप / मधुमेह / रक्तसंबंधी रोग / दिल की
बीमारी आदि) एवं किसी भी प्रकार की एलर्जी का
विवरण स्पष्ट रूप से दिया है
मैं एतद्वारा अखिल भारतीय आयुर्विज्ञान संस्थान
के डॉक्टर एवं स्टाफ को मेरे इलाज के लिए
प्राधिकृत करता/करती हूँ

हस्ताक्षर -
दिनांक -



प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)



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