

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 25-07-25

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : ANJALI

AGE: 01 YRS 08 MONTHS OLD

RELIGION : HINDU

GENDER :FEMALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Anjali has retinoblastoma, an eye cancer. Her father is unemployed and cannot afford her treatment. Any assistance you can provide for her urgent medical needs would be greatly appreciated.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR.RUDAL YADAV

MOTHER'S NAME: MRS. Ritu

OCCUPATION:NA

SIBLING : 1 brother

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : EYE CANCER (RETINOBLASTOMA)

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY

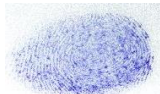
APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,50,000/-

TREATMENT IS DONE AT : Aaims 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 POSTION 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)



सेवा में

श्रीमान मधोदय
कापलेशा डीपनेस आर्गनाइजेशन

मधोदय,

सविनय निवेदन है कि मेरा नाम रितू है।
मेरी बच्ची का नाम अंजली है और इसकी आँख
में कैंसर है। जिसका इलाज दिल्ली के एक
हस्पताल में चल रहा है। डाक्टर ने इलाज के लिए
लगभग 150000. रक्का बताया है। जिसमें रोस
का रक्का लगभग 10000. से 15000. चेकअप और
फेसीयों में लग रहा है। जिसे पूरा करने में मैं
असमर्थ हूँ आपसे निवेदन है कि मेरी बेटी के इलाज
में हमारी सहायता करें आपकी असीम कृपा होगी।

धन्यवाद

रितू कुमारी

पिला- मधुबनी

(विहार)



Division of Paediatric Oncology

AIIMS, New Delhi

Treatment for Germ cell tumour

Name: ANITA KUMARI Age/ Gender: 1yr 8m / F

POC:

Site of disease: Right orbital. Yolk sac tumour.

Local imaging: MEI: homogeneously enhancing mass in superior region of orbit with intracanal space involvement with bulge of proptosis

CT chest: Lung mets (+)

AFP: (2542) ng/ml

B HCG: 0.2 LDH: (297) U/L.

Comorbidities/ Complications:

Biopsy (If done): Endonasal sinus tumour.

Stage:

Risk stratification:

Plan of therapy:

Weight: 7.5 kg Height: BSA: 0.4

HIV: HBsAg: HCV:

Mantoux: CXR:

CBC: 10.4 / 12930 / 5638 / 8.961

RFT: J2

LFT:

Cycle 1: PEB

Name: ANJALI Age: 1 yr 8 mo Sex: Female
 Weight: 7.5 kg Height: BSA: 0.4
 CBC: Hb = 10.4 / Hct = 12.3 / ANC = 5050 / Platelet = 8.06L
 RFT: A/Cr = 8 / 0.2 / B/P = 9.2 / 5.5 / Na/K = 13.9 / 4.4 / AST/ALT = 10 / 29 /
 ALP = 174 / TP / Alb = 6.8 / 3.9

Day 1

Inj. Ondansetron 1mg mg iv q 8 hrly
 Inj. Dexamethasone 1mg mg iv q 8 hrly
 Inj. Pantoprazole 10 mg iv q 24 hrly
 • IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL / L) 50 mL over 2 hours
 Followed by
 Inj. Cisplatin 5mg mg dissolved in
 IVF N/2 5D with K Cl (1: 100) and MgSO₄ (2mL / L) 300 mL over 6 hours

Along with

Inj. Mannitol (20%) 10ml mL over 6 hours
 • IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL / L) 50 mL over 2 hours
 • Inj. Etoposide 2.2 mg in 100 mL NS over 2 hours
 • Inj. Bleomycin 3.75 IU slow IV

Day 2

Inj. Ondansetron 1mg mg iv q 8 hrly
 Inj. Dexamethasone 1mg mg iv q 8 hrly
 Inj. Pantoprazole 10 mg iv q 24 hrly
 • IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL / L) 50 mL over 2 hours
 Followed by
 • Inj. Cisplatin 5mg mg dissolved in
 IVF N/2 5D with K Cl (1: 100) and MgSO₄ (2mL / L) 50 mL over 6 hours
 Along with
 Inj. Mannitol (20%) 10ml mL over 6 hours
 • IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL / L) 50 mL over 2 hours
 • Inj. Etoposide 2.2 mg in 100 mL NS over 2 hours

ब० रो० वि० 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
AIIMS, New Delhi - 110029



नेत्र अमृत्यु उपहार है
जो आप ही दे सकते हैं

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

V

कमरा नंबर
Cabin No.



UHID: 108103032
ABHA:

Dept No: 20250050014718

अंजलि कुमारी / ANJALI KUMARI

D/O Jyoti Yadav
1Y1 M 14D / F
Bihar, INDIA

Mob: 9870481394
Folio // Up Patient

General Rs 0

संख्या / Queue 21
कमरा / Room: 35A
Unit-V
RPC OPD

Dr SR/JR -V- R 35A

TUE, FRI
नर. सु. सु.



Registration time:
18/07/2025 10:12:28 AM

एकक

आयु
Age

पता
Address

उपचार Treatment

(R)

Biopsy. proven yolk sac
tumour.

R/O

4th chemo cycle & new
imaging.

Compare from

previous pictures too
(photo in parent's phone).

(Dr. Anshul)

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 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र



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

कमरा नंबर
Cabin No.



UHID: 108103032
ABHA:
Dept No: 20250050014718

संख्या / Queue 16
कमरा / Room: 35A
Unit-V
RPC OPD

अंजलि कुमारी / ANJALI KUMARI

Dr SR/JR -V- R 35A

D/O: udal yadav
1Y 1 M 4D / F
Bihar BHAR INDIA

TUE

Mob: 9870481394 General Rs 0
Folic // Up Patient



Registration time:
08/07/2025 09:30:43 AM

ज का एकक
Unit

आयु
Age

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

08 JUL 2025

Note of

② Yolk sac tumor

s/p 3 cycles of chemo

Sympt reduction in mass

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.

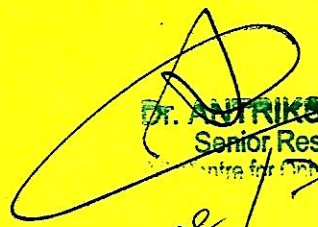
- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं
1. No Smoking
2. Use Dustbin
3. No Spitting

दिनांक - Date

उपचार - Treatment

Ho in RLC OPP (35A)

after once review scheduled
on 16/7/25
to decide for plan of
Mx


Dr. ANTRIKSH WAHI
Senior Resident
Centre for Ophthalmic Sciences
08/7/25

Allow stay
in Dhamshila
08/7/25

Dr. ANTRIKSH WAHI
Senior Resident
Centre for Ophthalmic Sciences
AIMS, New Delhi-110029

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

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी 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.



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के चयन प्रमाणिका
बाल चिकित्सा विभाग
UHID:108103032
QR Code
Dept No: 20250030007912
अंजलि कुमारी / ANJALI KUMARI

कमरा / Room L PREMISES
C-210
Queue / संख्या F103
Unit-III, Paediatric

OPR-6

एकक / Unit
विभाग / Dept

नाम / N

D/O rudal vadav
1Y 0M 7D / F(महिला)
bihar, BIHAR, INDIA

Ph: 7870481394 General Rs 0
Follow Up Patient

बुध, शनि, Wed, Sat

D. Regn. No.

पता / Address



Reporting: 10 01 30
11/06/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

RPB-110625519 108103032



Miss ANJALI KUMARI

बाल चिकित्सा विभाग
UHID:108103032



Dept No: 20250030007912

अंजलि कुमारी / ANJALI KUMARI

D/O rudal vadav
1Y 10M 10D / F(महिला)
bihar BIHAR INDIA

Ph: 7870481394 General Rs 0
Follow Up Patient

कमरा / Room
C-210

Queue / संख्या F51
Unit-III, Paediatric

बुध, शनि, Wed, Sat



Reporting: 08 32:54
14/06/2025

फ्ट ७

फ्ट ७

(4.7) AFP 3-6

25/29/



अस्पताल का अधिकार क्षेत्र
(jurisdiction)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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)



meraaspatal.nhp.gov.in



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNE

05.04.2025

MS. ANJALI KUMARI, 1 YRS 7 MONTHS / F

UID: 04.25.022

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Follow up case of endodermal sinus tumor, left orbit, showing -

Large 50 x 45 x 52 mm mass lesion is seen in the right orbit in the retroocular space. Lesion is causing mass effect and displacement of the right globe inferiorly. Posteriorly, there is extending upto the orbital apex. No definite intracranial extension is seen. Lesion is infiltrating the right extraocular muscles and right optic nerve. No bone destruction is seen. Findings are consistent with endodermal sinus tumor.

Left orbit and left optic nerve is unremarkable

The optic chiasm, infundibulum and pituitary gland do not show abnormality.

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

IMPRESSION:

- Large mass lesion (50 x 45 x 52 mm) in the right orbit in the retroocular space causing mass effect and displacement of the right globe inferiorly, extending upto the orbital apex. No definite intracranial extension is seen. Lesion is infiltrating the right extraocular muscles and right optic nerve. No bone destruction is seen. Findings are consistent with endodermal sinus tumor.

Compared with previous MRI dated 25.01.2025, there is significant increase in the size of the lesion, previously measuring 20 x 27 x 25 mm, suggestive of progressive disease.

Clinical correlation is necessary

DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग

(REVISIT)



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108103032

आपातकालीन नं.(Emergency No): 2025/030/0062424

दिनांक DATE: 03/06/2025

समय TIME: 11:26:16 AM

NON-MLC

108103032
Paediatrics

नाम NAME : MISS ANJALI KUMARI

आयु AGE : 1 years 9 months 30 days

लिंग/SEX : F

D/O : rudal yadav

पता ADDRESS:

मकान संख्या H.NO:

bihar

जिला/ब्लॉक CITY BLOCK

राज्य STATE:

BIHAR

मोबाइल नं. MOBILE NO:

7870481394

गली / मुहल्ला STREET/MOH:

पिन PIN:

दूरभाष नं. PHONE NO:

7870481394

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Holo Rt orbital yolk sac tumor.

= Lung mets

Presenting Complaints

cb - cough
- coryza
- vomit
- loose stool episode
x 1 day

(LP. onco)

↓
last chemo
PEB

Primary Assessment (ABCDE) : Assessment Pentagon

C715 to C115

| | | |
|--|---|--|
| Airway Open & stable: Yes/No If No..... Breathing: RR 30/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Whheeze/Crackles SpO2 on Room air: 96% (crying) wt 8.4 kg | Circulation HR 130/min (crying) CFT 2 secs. BP cry mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others no organomegaly | Disability GCS 15/15 Pupil size 3mm/min Pupillary Reactions RRR Motor activity: Normal & Symmetrical/ Asymmetrical Posturing/Flaccidity/Seizure Blood Sugar mg/dl Exposure: Temp 36.5 Colour Normal/pallor/cyanosis/ mottled Any other skin lesions..... |
|--|---|--|

Diagnosis

Imp: orbital malignancy / ORU + AGFT no fever

Rx

2005 (com) loose stool
- syp zinc (20/5) 5ml od x 14 days
- syp cetirizine 2.5ml od x 5 days
- syp emset (2mg/5ml) 2.5ml BP
- ... to do

Dr. Shreyash Gandhi
Senior Resident
Department of Paediatrics
AIIMS, New Delhi-110029

8/6/25

Case reviewed by Ped onco SR

Cough and cold x1 day

No fever.

O/E: child stable

Nasal congestion +
chest clear +

Last chemo: 7/5 - 11/5

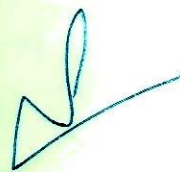
CBC
8.3 } 14120
6670 } 5.37L

VBG ✓

Advice:

1. Syp. Cefixime (5mL/smg) 1.5mL BD.
2. Saline Nasal drops Q' Both nostrils Qid / x3 days
3. Discharge. Flu in OPD 9/6/25 C CBC/RFT/LFT.

03/06/25
8/6/25
PHARMACY



PAC CLINIC, 4th FLOOR, 'B' WING, NEW RAK OPD

MON to FRI at 9.00 AM - 12.00 Noon

PRE-ANAESTHESIA CHECKUP (PAC) CLINIC

Anaesthesia,

UHID: 108103032

कमरा / Room

B-414

Queue /
संख्या

F9

AIN MEDICINE AND CRITICAL CARE

MEDICAL SCIENCES

110029

Dept No: 20251080007082

Clinic No: 6497/2025

Unit-I, PRE ANAESTHETIC
CLINIC PAC,

अंजलि कुमारी / ANJALI KUMARI

D/O rudal vadav
1Y 11M 19D / F/(महिला)

bihar, BIHAR, INDIA

Ph: 7870481394

General Rs 0

Follow Up Patient

सोम, मंगल, बुध, गुरु, शुक्र.

Date



Reporting: 09 07 51
23/07/2025

पता

Address

Ht/Wt

8 kg

BMI

निदान / Diagnosis

Surg. Planned :

(R) orbital endodermal sinus tumor

PREOPERATIVE CHECK LIST

lung mets.

HISTORY - (Tick the relevant points)

Systemic illness :

CVS

RESP

Endocrine

GIS

CNS

Others

Significant Details of the above if any

S/p 3 cycles -CT (PEB)
capecitabine
etoposide
Beclomycin.

CECT chest - (R) UL node
3mm
S/O lung me

imaging → NO Intracranial extension/bone involvement.
Pregnancy

Others

CURRENT DRUGS :

Bronchodilators

Antihypertensive

Antidiabetic

Any Other

ALLERGIES

Smoking

Alcohol

Bilirubin der N/A (N)
No active URI.

PAST HISTORY : ANAESTHETIC IF ANY

GENERAL CONDITION :

BP :

Anaemia

Cyanosis

METS

Pulse

Jaundice

Oedema

Ascites

IV Access different.

active
playful



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

MCB 5A ADMISSION

DISCHARGE SUMMARY

| | | | |
|------------|---|--------|------------|
| Name | Anjali | Gender | female |
| Age | 1yrs 9 month | Unit | III |
| UHID | 108103032 | DOA | 11.05.2025 |
| Diagnosis | GCT | DOD | 11.05.2025 |
| Consultant | DR.RACHNA SETH/DR.ADITYA GUPTA/DR. J.P. MEENA | | |

Procedure and monitoring note:

Child was admitted for D5 FEB. Child received D5 Cisplatin infusion with iv hydration and Inj. Etoposide as per protocol. Child remained hemodynamically stable throughout the hospital stay.

Advice on discharge:

1. Maintain adequate hydration
2. To continue Septran as advised.
3. Inj. GCS-F 40mcg sc OD x 5 days from 12/05/2025
4. F/U in Pediatric Unit-III OPD on Wednesday / Saturday oncology OPD at 9:00 AM with CBC/RFT LFT
5. Danger sign explained

Senior resident
Dr NIKITA

Junior resident
DR SALONI

CACSF copy 40L
12/5 13/5 14/5
✓
1 5/5
✓

NMR

early date

एम. आर. आई प्रपत्र 1 / MRI Form 1
दूरभाष सं. / Tel. No. : 26593614
26546455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम. आर. आई. मांग प्रपत्र / CLINICAL MRI REQUISITION FORM

sample
18/8/25

1. Clinical Dept. or Unit Date of Requisition
OPD No. UHID No. 1081030323 Ward / Bed No. डॉ. रचना सेठ
2. Screening Dept. : Radio-Diagnosis ☒ Neuro-Radiology ☐ Cardiac Radiology ☐
(Tick as appropriate) Dr. RACHNA SETH
3. रोगी का नाम / Patient's Name Anjali आयु / Age 27 लिंग / Sex F
(साफ अक्षरों में / In Block letters)
जन्म तिथि / Date of Birth : दिन / Day माह / Month वर्ष / Year 27/11 वजन / Weight कि. ग्रा. / Kg.
4. General Patient Condition (Tick as appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History :

case of extra gonadal GST
(Orbital Endodermal sinus Tumor)
C
further mets

Relevant Investigations :

Previous CT / MR / Other Reports / Studies
(with numbers, if any)

- Rs. 3000/- M.R.I. CHARGES
Rs. 1500/- FOR EVERY ADDITIONAL STUDY
Rs. 500/- FOR CLINICAL Diagnosis :
Rs. 2000/- FOR CONTRAST IF REQUIRED
R.F.T. REPORT FOR CONTRAST STUDY
ONE WEEK PRIOR TO STUDY

Post 3 cycles of chemo
for response assessment
for surgical resection
(CG-MRI (Orbit + CNS))

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).

(a) Contrast Enhancement Required : Yes No

(b) Allergic to any drugs :

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker Aneurysmal clips Cardiac Valve/Prosthesis
Metallic Implants Sharpenel/Pellet Others None

Pl book
early sedation
(dedicated
orbit only)
Thanks
Manish

DATE 18/8/25
OTHERS
PAC
N.P.O.
7:30 AM

हस्ताक्षर / Signature

नाम / Name

(साफ अक्षरों में / In Block letters)

पदनाम / Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)

NMR date
Dr Manish
make
for early

CT 8

विकिरण नैदानिक विभाग
अ०भा०आ०सं०, नई दिल्ली-110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

pl early date
15/7/25
16/7/24

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Anjali Age Sex : Ref. Deptt. / Unit : Date :

Indoor (Bed No.) / Outdoor/ Casualty

OPD No. / UHID No. :

LMP :

1081030323

Examination Required :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

CT Extra-gonadal

(R) orbital

to pulmonary

metastasis

CECT chest

for film met's
status

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

planned for ex resection

Signature of Referring Physician / Date :

pl book early TUA

Consent :

I hereby given consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

(Signature)

29/7/25

Thanks
Manish

US / CT Number :

CT 84e OPD

No. of Films used :

Signature of Radiographer / Date :

RAK Block

- Your Sr. No. is 13

PAC CLINIC, 4th FLOOR, 'B' WING, NEW RAK OPD

MON to FRI at 9.00 AM - 12.00 Noon

PRE-ANAESTHESIA CHECKUP (PAC) CLINIC

Anaesthesia



UHID: 108103032

Dept No: 20251080007082

Clinic No: 6497/2025

अंजलि कुमारी / ANJALI KUMARI

कपरा / Room

B-414

Queue /

संख्या

N85

Unit-I, PRE ANAESTHETIC
CLINIC PAC,

IN MEDICINE AND CRITICAL CARE

EDICAL SCIENCES

0029

D/O rudal vadav

1Y 10M 7D / F(महिला)

bihar, BIHAR, INDIA

Ph: 7870481394

General Rs. 0

New Patient

सोम, मंगल, बुध, गुरु, शुक्र



Reporting: 08:39:33
11/08/2025

Date

पता

Address

Ht/Wt

7.5 Kg

BMI

निदान / Diagnosis

Surg. Planned :

a

LECT

PREOPERATIVE CHECK LIST

HISTORY - (Tick the relevant points)

Systemic illness :

CVS

RESP

Endocrine

GIS

CNS

Others

Significant Details of the above if any

H/O (R) orbital malignant cyst / ? (R) Yolk sac tumor

metastatic / lung mets

slp CT

PEB (7/4/25-14/4/25)

FNID / CIAS) no H/O any

H/O orbital Biopsy J4A- U/E

(C) developmental malformation

2-3 months back

Pregnancy

No. 1st RD /

Others

no mets

CURRENT DRUGS :

seizure

ALLERGIES

Bronchodilators

Smoking

Antihypertensive

Antidiabetic

Alcohol

Any Other

H/O LRTI (C) 3/6/25
(emergency) let's go
SIC except (C) Relaxed

PAST HISTORY : ANAESTHETIC IF ANY

GENERAL CONDITION :

BP :

Anaemia

Cyanosis

METS

Pulse 120-130 / min

Jaundice

Oedema

Ascites

IV Access

(+)

7/25

Endodermal
sinus tumor

metastatic

Post 3#
PEB

• surgery review pending

last chemo

• reassessment CT → 29/5

MR1 → 28/8/25

↓

• surgical review pending

• ✓ to expedite MR1 & CT chest } for reassessment.

✓ tentative date for CT #4 : 26/7/25

↓

to add for waitlist for next chemo

Ham

✓ c/o/w Prof. Rishi Mehta & Prof. M Jane Mehta

↓

to try for MR1 & 1st sedation

tomorrow at 8:30 AM

✓ w/v 23/7/25
c/o/w Prof. Rishi Mehta

SATYENDRA BATRA
Senior Resident
Pediatric Oncology
Dept. of Pediatrics
Institute of Medical Sciences
New Delhi-110029

23/7/25
CT-Scap
C29/7/25

CBC
HT/12FT

3 cycle completed
On Sep 6/25

protocol
summary

D1w. post R-seth
8.4 kg

WHP
H11
post
SX

C10

Ⓡ orbitect. yolk sac tumor.
Extraembryonal / stage - IV / Age < 11y.
MAGIC - SR 1.

post #3 PEB. ∴ 2/7/25.

True for #4 (last #)

Plan

- Proceed for #4 as below after 30p
- Reassessment MRI dated 18/8
chest CT 29/7.
- RPC RU for sx post 4 # if

Rx

• Prechemo

- IV. Dexa 2y + Emeset 2y IV.

• chemo.

- IVF DNS 1:100 kcal + 0.5:100 Mgsol.

@ 50 ul/hr x 8 hrs. ↓ After 2h

D₁

D₂

D₃

D₄

D₅

- IV. Cisplatin 50y/50 ul NS IV @ 6

- IV. Mannitol 10ul IV over 6h.

- IV. ~~Bleomycin 4mg IV push~~

- IV. Etoposide 25y/100 ul NS IV @ 2

only D₁ { - IV. Bleomycin 4y IV push

• post chemo

- syp Emeset 5y TDS x 3 days.

- ~~syp Dexa~~ - IV. G-CSF 50mg sc OD
D₆ - D₁₂.

19 - RU c CBC, AFP, LDH
on 30/7/25 for #4.



सं. 1
NO. 1



बिहार सरकार
GOVERNMENT OF BIHAR
योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
प्राथमिक स्वास्थ्य केन्द्र माधवपुर
PRIMARY HEALTH CENTRE MADHWAPUR

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि प्राथमिक स्वास्थ्य केन्द्र माधवपुर तहसील माधवपुर जिला मधुबनी राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR PRIMARY HEALTH CENTRE MADHWAPUR OF TAHSIL/BLOCK MADHWAPUR OF DISTRICT MADHUBANI OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: ANJALI KUMARI

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:

17-07-2023
SEVENTEENTH-JULY-TWO THOUSAND TWENTY THREE

जन्म स्थान/ PLACE OF BIRTH:

PRIMARY HEALTH CENTRE MADHWAPUR

माता का नाम / NAME OF MOTHER:
RITU KUMARI

पिता का नाम / NAME OF FATHER:
RUDAL YADAV

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

XXXXXXX1618

बच्चे के जन्म के समय माता पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
MUKHIYAPATTI MUSHARI TOL,
SAHARGHAT, MUKHIAPATTI, MADHWAPUR, MADHUBANI, BIHAR- 847308

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:
MUKHIYAPATTI MUSHARI TOL,
SAHARGHAT, MUKHIAPATTI, MADHWAPUR, MADHUBANI,
BIHAR- 847308

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2023: 10-08421-000687

पंजीकरण तारीख / DATE OF REGISTRATION:
10-09-2023

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
10-09-2023

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
प्राथमिक स्वास्थ्य केन्द्र माधवपुर
PRIMARY HEALTH CENTRE MADHWAPUR



UPDATED ON :
10-09-2023 11:07:56



"THIS IS A COMPUTER GENERATED CERTIFICATE."
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

