

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

Date: 09.04.2019

To

The Medical Superintendent,
Dr. R.P. Centre for Ophthalmic Sciences,
All India Institute Of Medical Sciences,
New Delhi-110029

Subject: Request for raising fund for patient Asha in Poor Patients Fund of Dr. R.P. Centre

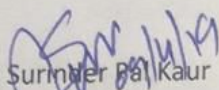
Respected Sir

This is for the kind information that patient Asha, 28 years old female UHID no.-100865755 is getting her treatment under Prof. J.S. Titiyal. She has undergone surgery on 26.02.2019. Patient is suffering from BE Keratoconus, Left Optd Optical PK with failed graft. Doctor has prescribed the medicine Tab. MMF for one year, which will cost approximately Rs.90,520/- (Ninety thousand five hundred and twenty only).

Kindly allow to raise the fund for the said patient through NGO " PEHCHAAN ", B-405, Sec-19, Noida (U.P.) in Poor Patients fund, Dr. R.P. Centre. Medicine will be provided to the patient through authorized firm M/S ARK as per our policy on monthly basis only.
Submitted for kind perusal and approval, Please.

Thanking you

With Regards


Surinder Pal Kaur

Medical Social Service Officer

Dr. R.P. Centre

Enclosures:

1. Request letter from Patient's mother
2. Photocopy of treatment Card
3. Photocopy of Discharge Summary
4. Estimate from Treating Doctor

R + F.
K Singh
9/4/19
Kiran Bala Singh
मुख्य प्रशिक्षण समाज सेवा अधिकारी
Chief M. S. S. Officer
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र
Dr. R. P. Centre for Ophthalmic Sciences
आ.आ.सं., नई दिल्ली/ALLIMS, New Delhi

Approved
SK
10/4/19

Medical Superintendent
Dr. R.P. Centre for Ophthalmic Sciences
All India Institute of Medical Sciences
New Delhi-110029

**ALL-INDIA INSTITUTE OF MEDICAL SCIENCES
DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCI
ANSARI NAGAR, NEW DELHI-110029
Medical Social Service Unit, Phone:- 011-26593092,26593027**



UHID	100865755		
Patient's Name	Asha		
S/D/W/of	Layak Ahmed (55 yrs.)		
Age	28 yrs.	Sex	Female
Address	Village - Chaandak Turk, Bijnaur (U.P.).		
State	U.P.		
Contact No:-	8475863943		
Card Status/BPL/APL/AAAY		Card No :	
Family Income	Rs 4000/- (four thousand only)		
Source of Income	labour.		
Diagnosis	BE Keratoconus (D) Optd Optical		
Treating Doctor	Dr. J.S. Titiyal PK T failed graft		
Treatment Required	Pb. mmp for one year		
Expenditure Estimated	Rs. 90520/-		
Assistance required for Surgical item/Medicines/Spect./Lense.	medicines.		
Remarks			

Closures:-

1. Card (Treatment Card)	2. Estimate	3. Identity Proof
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Applicant's Name फाजिस जेठा
 Relation With Patient (Mother)
 Funding Agency /Donor Name.....

का पता- "मेडिन्स्ट"
EGRAM - "MEDINST"

फ़ोन : २६५८८५००, २६५८८७००, २६५८६६००
phones : 26588500, 26588700, 26589900



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अन्सारी नगर, नई दिल्ली-११००२६ (भारत)
ANSARI NAGAR, NEW DELHI - 11002

**ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN**

संदर्भ सं० / Ref. No.....

दिनांक / Date 27/2/19.

This is to certify that Shri/Ms. Asha Age 28 Gender F

S/o, D/o, W/o Layak Ahmad is getting treatment under Ophthalmology Dept.

Wide registration no. CR-R-008069-19 UHID No. 100865755

is suffering from BE keratoconus. @ optd optical ICL failed graft

He/She has been advised for Medicine/Surgery/Surgical items/procedure/package and the approximate

Cost of the total treatment is amount to Rs 90,520/IN

(in words) Rupees Ninety thousand . five hundred twenty Rupees only.

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

Cost in Rs.

1.	<u>Tab. MMF (62 Rs / tab)</u>	
2.	<u>Dose QID for 1 year.</u>	
3.	<u>62 x 4 x 365</u>	<u>90,520/-</u>
4.		
5.		
6.		
7.		

TOTAL COST: Rs. 90,520

Note:-

This Estimate certificate is being issued to avail financial assistance for treatment only.

The said estimate certificate is valid and applicable for avail financial assistance from Rastriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State Illness assistance fund, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), MP local area development fund, CM relief fund, and fund from other sources.

This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI

The Cheaque is to be issued in favor of "Director AIIMS, New Delhi".

(Name & Signature of Consultant with Stan

आचार्य नेत्र विज्ञान

Professor of Ophthalmology

डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र

Dr. R.P. Centre for Ophthalmic Sciences

अ.या.अ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

ब. रो. वि. कार्ड
O.P.D. Card

राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
भा.आयु.सं., नई दिल्ली - 110029
r. Rajendra Prasad Centre for Ophthalmic Sc
I.I.M.S., New Delhi - 110029

एच आई डी संख्या

HID No.

100865755

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
(DUPLICATE)
UHID: 100865755
Dept. No.: 20150050027991
ASHA
D/O: LAYAK AHMAD
Date: 19/03/2019
General
RPC OPD-Dr. SR/JR
UNDER UNIT III R.16A
Unit-III
TUE, FRI
Room No.: 16A
Address: H.NO. 85 SECTOR 8 I.M.T., MANESAR GURGAON, HARYANA, INDIA
Mobile: 8586952248

आचार्य जीवन एस. टिटियाल का एकक
Prof. Jeewan S. Titiyal's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Asha	D/O Layak Ahmad			

नांक DATE	निदान DIAGNOSIS
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उपचार Treatment
<p>3/19</p> <p>(L) 1/60</p> <p>CT (L) 20mmHg</p> <p>SCB+</p> <p>few folds (+)</p> <p>fibrous membrane</p> <p>over IOL</p> <p>(L)</p> <p>1wk HO (L) 1KP</p> <p>(high risk patient)</p> <p>T. RIMF 50mg (2)</p> <p>Bumexol</p> <p>epd (L) 20mmHg (2)</p> <p>epd Vyax (4)</p> <p>epd bealfoct 1mg</p> <p>epd Refresh tears (6)</p> <p>epd Cycloamin. 1x (4)</p> <p>epd Bimodal gel 1x (1)</p>

य्या इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्ती साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

धूमपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं

T. Wysoleone 50mg on ABF (1)
T. RIMF 14th BD



Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New
Delhi, 110029

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

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UHID: 100865755
Name: Miss. ASHA
Age/Sex: 28 years 11 months 14 days / Female
Word Name: 28
Address: H.NO.85 SECT-8 I.M.T., MANESAR GURGAON,
HARYANA, INDIA
Mobile No: ~~8586552240~~ 8475863943
Date of Admission: 22/02/2019 12:24:41 PM
Date of Discharge: 26/02/2019 06:27:00 PM

Cr No: R-008069-19
Department: R. P. Centre (Eye Centre)
Unit: Unit-III
Bed No.: 242

MODEL: MA60AC
POWER: 19.5 D
LENGTH (Ø_T): 13.0mm
OPTIC (Ø_B): 6.0mm
SN 12625496 069 Alcon Laboratories, Inc.

EXP DATE 2023-05-31

UV

AcryGel IOL

ICD Code: H18.8
ICD Description: Other specified disorders of cornea

AD - 15654 A

Host trephine - 7.00 mm

Donor trephine - 8.00 mm

Diagnosis

B₂ KERATOCONUS WITH RE OPERATED INTACS
WITH CXL WITH CORTICAL CATARACT WITH PSC
LE OPTD OPTICAL PK WITH OPTD GRAFT
DEHISCENCE REPAIR WITH FAILED GRAFT WITH
APHAKIA

(high risk graft)

Investigation

Systemic NO SI

Ocular

VA
RE 6/24-6/18
LE HMCF, PR ACCURATE
TOA
RE 18 MMHG
LE 22 MMHG
AL
RE 25.01/25.02
LE 24.00/24.01
KN
RE 53.75/54.75C @ 70/100
LE ERROR
VER
RE 12.7MICRONS, 112ms
LE 6.6MICRONS, 115ms

113/19C1.14

Intraop findings:

- PAS from 6 to 9 o'clock
- Iris defect 1 clock hr b/w
2 to 3 o'clock & 8 to 9 o'clock
- Inferior atrophic iris.
- Pupilloplasty done at 3 & 6 & 9 o'clock.

⊙ USA PSE - Anechoic
No ONH

Treatment/Operative Procedure

Surgeon DR PRANITA
Date 26/02/2019
26

Surgery

LE OPTICAL PK WITH SECONDARY IOL IN SULCUS
WITH PUPILLOPLASTY UNDER LA

Condition at Discharge

Vision HMCF, PR ACCURATE
Anterior Seg MILD CONGESTION AND DISCHARGE
WOUND APPosed AND HEALTHY
GC 3, AC FORMED, PCOL IN SULCUS

IOP

DIG NORMAL

Posterior Seg.

DULL GLOW

Advice During Discharge

Oral

TAB CIPROBID 500MG BD
TAB RANTAC BD
TAB VYSOLONE 60MG OD ABF

Follow Up

WITH DR PRANITA AFTER 1 WEEK IN OPD on Tuesdays
IN ROOMNO 16A AT 9AM

Topical

LE
VIGAMOX 4T/D
PREDFORTE 2IRLY
REFRESH TEARS 2HRLY
CYCLOIMMUNE 0.1% QID

Position

X/d Gentel gel TDS + H

Pulse Dexam 100mg in 150ml 5/D

given on 27/2/19 and 28/2/19. in view of

severe inflammation

⊙ USA PSE = Grossly anechoic.

Signature Of Sen