

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

Dated:- 29.8.2022

To
PEHCHAN NGO,
B-405, Sec-19, Noida (UP).

Dear Sir,


I would like to take the opportunity to thank you on behalf of the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi for the financial support from your side to support MRI on emergency basis for poor and indigent patients. Assistance for the following patients provided by your esteemed "PEHCHAN NGO" during the month of August 2022.

S.no.	Patient's Name	UHID	Age/Sex	Amount
1	Shiva	105090478	3Y/M	Rs.4500/-
2.	Riha Kumari	106146239	2Y/F	Rs.4500/-

We are really grateful for your support. We will look forward for your support in future too.

With Regards

(Surinder Pal Kaur)
Medical Social Service Officer
Dr. R.P. Centre, AIIMS

 **सुरिन्दर पाल कौर**
चिकित्सा समाज सेवा अधिकारी
Medical Social Service Officer
डॉ. राजेन्द्र प्रसाद मंत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences
आर.प्र.सी. नई दिल्ली / A.I.I.M.S., New Delhi-110029

"Donate For A Cause -- Help A Patient, Support A Patient"
Office Address:- Medical Social Service Unit, Room No.114, Dr. Rajendra Prasad Centre for Ophthalmic Sciences,
AIIMS, New Delhi.

Contact no. 011-2659-3092, 3027, E. Mail Address- mssudrrpcaiims@gmail.com



381/Exemption/MSSO/NMR

डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र / Dr. Rajendra Prasad Centre for Ophthalmic Sciences
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम.आर.आई माँग प्रपत्र / CLINICAL MRI REQUISITION FORM
Date of Requisition 3/1/2022

Ward / Bed No.

1. Clinical Dept. or Unit

OPD No. 106146839

CR No.

Neuro-Radiology ☐

Cardiac Radiology ☐

2. Screening Dept. : Radio-diagnosis
(Tick as appropriate)

आयु / Age 3

लिंग / Sex Female

3. रोगी का नाम / Patient's Name

RIHA KUMARI

(साफ अक्षरों में / In Block letters)

जन्म तिथि / Date of Birth : दिन / Day

माह / Month

वर्ष / Year 24

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 :

R/Eb Chorioretinopathy

Examinations

Relevant Investigations

Previous CT / MR / Other Reports / Studies

(with numbers, if any)

6. Clinical Diagnosis :

R/E Retinoblastoma

7. Exact Anatomical site for MRI

CEMRI Brain & Orbit E fat suppression in coronal / sagittal sections & laminar cuts / Storage on

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

10. (a) Contrast Enhancement Required : Yes

No

(b) Implant in Body (Tick as appropriate)

Cardiac Pacemaker

Aneurysmal clips

Cardiac Valve/Prosthesis

Metallic Implants

Sharpnel/Pellet

Others

None

हस्ताक्षर / Signature

नाम / Name

(साफ अक्षरों में / In Block letters)

सहनाम / Designation

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

Kindly Consider for early date.