

9315475107
Dharmender

R. P. Centre (Eye Centre)

General

UHID: 107473575
Dept. No.: 20240050052039
Clinic. No.: 2024/00/117
RISHABH GUPTA
S/O: SIKANDAR GUPTA

Date: 25/04/2024
Ocular oncology-Dr. SR
Ocular Oncology 142B.
Unit-VI
Room No.: 142

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

कमरा नंबर
Cabin No.

Address: VILL LAXMI PUR TOLA TEH DISTT HATE KUSHI NAGAR,
UTTAR PRADESH, INDIA
Mobile: 9956110460



बजाज का एकक

UHID No.

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
दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment		
	<p>RG Grp B / CGrPE (Buphtalmic)</p> <p>diffuse vitreous seeds</p> <p>VA (Calcif) (25, 26)</p> <p>Cardiflo 5/6/38/48 + 20u</p>	<p>no LN</p> <p>CEMRI Brain & orbit. through the pineal gland</p> <p>fat suppressed, axial, sagittal & coronal section optic N. (2mm section) & pineal gland</p> <p>LP [add] orbit BP</p>		
	No Lymph nodes	USG		
	4.69 mm	(RG)		

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

2603

lowly

नाम / Name

9956110460

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

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

1. Clinical Dept. or Unit V Date of Requisition 26-04-2024

OPD No. UHL0-107473575 CR No. _____ Ward / Bed No. _____

2. Screening Dept. Radio-diagnosis Neuro-Radiology Cardiac Radiology

(Tick as appropriate)

3. रोगी का नाम / Patient's Name RISHABH GUPTA आयु / Age 6M लिंग / Sex M

(साफ अक्षरों में / In Block letters)

जन्म तिथि /Date of Birth : दिन /Day _____ माह /Month _____ वर्ष / Year _____ वजन /Weight _____ कि. ग्रा. /kg.

4. General Patient Condition (Tick as appropriate)

(i) Critical and with life support (ii) III but without life support (iii) Ambulatory

5. Clinical Details : History :

Examinations: CE MRI Orbit & Brain fat suppressed, axial, saggital & coronal section through the optic N. (2mm section) & pineal gland

Relevant Investigations: MRI (B/E Rb.) for planning of surgery

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

6. Clinical Diagnosis: ⓐ GPO / ⓐ - type RB

7. Exact Anatomical site for MRI :

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 _____

Metallic Implants _____ Sharpnel/Pellet _____

Rs. 3000/- M.R.I. CHARGES

Rs. 1500/- FOR EVERY ADDITIONAL STUDY

Rs. 500/- FOR FILMS

Rs. 2000/- FOR CONTRAST IF REQUIRED

Cardiac Valve/Prosthesis _____

ONE WEEK PRIOR TO STUDY

Others _____ None _____

02/08/2024

GA PAC

GA

PAC

हस्ताक्षर / Signature 3000 + 500 + 1000 = 4500

नाम / Name _____

(साफ अक्षरों में / In Block letters)

पदनाम / Designation _____

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