



DEPARTMENT OF CARDIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. CENTRE, ANSARI NAGAR, NEW DELHI - 110029

Dated : 5/12/2011

ESTIMATE CERTIFICATE

Name of Patient Kajal kumari
Age 12 Sex F C.V. No. / CTVS No. 3386/2011
Nature of Disease TOP
Nature of Surgery required OHS
Amount required for Surgery Rs 55,000/-

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/GOVT. Undertaking beneficiaries.

(CONSULTANT/SENIOR RESIDENTS)

Department of Neuroradiology

Patient ID: N015246/11 Date: 22/11/2011

Name: KAJAL KUMARI /13/F

Accession No: SE-76713

Ref By: N1-OPD/20291/11

न

२९
O.P.D.

Dr. Sudhar Singh

Date

NC-20291/2011 NEUROLOGY-I

Paid Rs.10/-Cardiology

विभाग
Deptt.

21/11/2011 Mon, Fri

Timing: 8:30 AM TO 10:30 AM

Name KAJAL KUMARI

ब.से.वि.
O.P.D. १

Age 13Years/F Phone No. 8285656452

Gen

उम्र
Age

S.R. Room 6

Consultant DR. SUDHAR SINGH

लिंग
Sex

use of cath : & op TOR

clo Dizziness & clonus of
left LL & Simm/Snap
& 1-2mm

20
NET - Bm - ①
EEG - ②

Refer to Cardiology

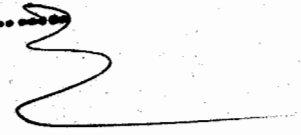
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दिनांक
Date

DATE..... 22/11/2011

E E G No..... B-10357/2011

HOSP. REGD. NO.....



R-60
2/12/11

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब. रो. वि.

अ. भा. आ. सं., नई दिल्ली-११००२९

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

हृदय विज्ञान/सीटीवीएस

CARDIOLOGY/CTVS

सोमवार/बुधवार/शुक्रवार

Monday/Wednesday/Friday

(दोपहर के बाद)

Afternoon

दिनांक

Date

विभाग
Deptt.

cardio

नाम
Name

Kajal Kumari

उम्र
Age

12

ब.रो.वि. सं.
O.P.D. No.

3386 / 11

पुत्र/पुत्री/पत्नी
S/D/W

निदान
Diagnosis

लिंग
Sex

f

R-21/11
21/12/11

R-01/11
21/12/11

R-1/11
16/12/11

1/12
4/1/12

66 CH-106
 11/11/11

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब. रो. वि.

अ. भा. आ. सं., नई दिल्ली-110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

दिनांक
 Date

CV-3386/2011

Cardiology OPD
 Afternoon 2:00 PM
 CTVS

विभाग
 Deptt.

Date 18/2/2011

Charged Rs 10/- man, Sr

उम्र
 Age

ब.रो.वि. सं.
 O.P.D. No.

Name KAJAL KUMARI

12Years/F

लिंग
 Sex

Phone No.

S.R. Room

Consultant 8

Dr. Juneja / DR. SUDHIR SINGH

Registration Time : Old Case 8:00 AM TO 11:30 AM

CGMD - Op TOF

Admission

5745
 21/2/11

[T. Beta (25) 42.80
 Avoid dehydration
 Sudhir

Centralised Laboratory, C N Centre, AIIMS

H	C	L	PT	D	Others
8	8				
Date		21/2/11			

R8 (44)

25/9/11

AD
Call & enq. Wants estimate

7 AM
4 PM A28.

476

19/9/11

R-21 (5)

19/9/11

2 (S-176)

6000 call

9/11/11

Behlor (25)
144 (..)
- Drs Antrim 102 (..)

AB

7/11/11

for berries

R20 (1) for

R-21 (12)

18/11/11

OK for Col → Total correction

So deposit Rs 55,000/-

next req. 29/11/11
neurology
clearance
→ NAD

& 60 blood.

Father HD
18 green green wood 3A 7-12-11
2 done or HB ↓ 12-25-11
3
4 12/11/11 TBS 1/2

Refer to
neurology OPD 12/11/11
14/11/11

Name of the patient : *Kajal Kumeri*

Diagnosis : *CTV3*

OPD No. / CR No. : *3386 / 11*

No. of Blood units required : *6*

No. of Blood units replaced : *2*

No. of Blood units to be provided : *Four*

Remarks : *5 donors unit*

Anjali

Dr. Anjali Hazarika
Incharge, BTS

Veena
15/12/11

Mrs. Veena Belani
Sup. MSSO

1. Replacement donation for

Kajal Kumeri
CTV3



REPLACEMENT
DONOR CARD

019971

Blood Transfusion
Service



C. N. CENTRE

A.I.I.M.S., Ansari Nagar, New Delhi
Phone : 26588500 / 3768

Signature of the Donor

1. Replacement donation for

Kajal Kumeri
AB-I



REPLACEMENT
DONOR CARD

019862

Blood Transfusion
Service



C. N. CENTRE

A.I.I.M.S., Ansari Nagar, New Delhi
Phone : 26588500 / 3768

Ravi Rai
Signature of the Donor

