





DEPARTMENT OF PEDIATRICS  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi - 110029

Treatment Estimate Certificate  
To Whom It May Concern

Dated: 14/9/21

This is to certify that Shri/Smt./Kam ..... md Alam  
NDD/W of ..... md Shakir AK ..... Aged 4 year Sex male  
OPD/Clinic/CR No ..... 105444408 ..... is suffering  
from ..... T- Acute lymphoblastic leukemia

He/she is getting treatment for his/her illness in Pediatrics department (Ward/OPD)  
child is receiving treatment at Pediatric  
oncology division, Department of Pediatrics  
AIIMS, New Delhi

The estimate cost for treatment is Rs. 2,50,000/-  
Two lakh fifty thousand only  
(Chemotherapy, supportive care, Localization, activity)

Note: The cost of treatment includes medicines and disposable items. The cheque or demand draft may be issued in favour of "ALL I.M.S. PATIENT TREATMENT ACCOUNT". The said estimate is valid and applicable for beneficiaries as patient of National Illness Assistance Fund, State Illness Assistance Fund, Prime Minister Relief Fund, M.P. Local Area Development Fund, and Minister Relief Fund and fund from other sources. This is also applicable for government employees. PSU's employees and beneficiaries of ESI.

Personal Cheque, Personal Demand Draft and Cash is not acceptable.

Rachna Seth  
Dr. RACHNA SETH  
आचार्य/Professor  
बालरोग विभाग/Department of Pediatrics  
आ.सं. नई दिल्ली/A.I.I.M.S., New Delhi-29

Ashok K. Deorani  
9/10/21  
Dr. Ashok K. Deorani, MD, FAMS  
आचार्य एवं निदेशक/Professor & Head  
बालरोग विभाग/Department of Pediatrics  
आ.सं. नई दिल्ली/A.I.I.M.S., New Delhi-110029



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient



ment  
EMISES

विकास एवं संशोधन



OPR-6

रोगी/Unit \_\_\_\_\_

रोगी/Dept. \_\_\_\_\_

रोगी/Name \_\_\_\_\_

रोगी/No. \_\_\_\_\_  
रोगी/Date of Birth \_\_\_\_\_  
रोगी/Address \_\_\_\_\_

रोगी/No. \_\_\_\_\_

रोगी/Address \_\_\_\_\_

रोगी/No. \_\_\_\_\_  
रोगी/Date of Birth \_\_\_\_\_  
रोगी/Address \_\_\_\_\_



रोगी/Diagnosis

रोगी/Date

19-8-15

18

5/12/22 रोगी/Treatment

C-1744/22

CSF cytospin smear shows infiltration by  
blasts For Dr Raketa Sunda.  
(SA. Lab oncology)

In COPD AQ



CLEAN AND GREEN AIIMS / एक ही चक्का, सजता से काट काट  
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26582366, 26582444, www.orbo.org Helpline - 1960 (24 hrs service)



D/w Dr. Venkatesh  
(SR Radio)

# विकिरण नैदानिक विभाग

अ० मा० आ० सं०, नई दिल्ली-११००२९

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

## PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Md Alam Age/Sex: 5<sup>2</sup>/<sub>4</sub> M Ref. Dept./Unit: Peds III Date: 7/12/22

Indoor (Bed No.) / Outdoor / Casualty UHID No.: 105444408 LMP:

Examination Required: D5/14

Clinical History and Examination: 7-ACC / v. Early CNS collapse

U = 24  
Creat = 0.3

Raised ICP  
Papilloedema (+)  
(1ml/kg)

### Clinical / Working Diagnosis:

Blood Urea / S. Creatinine:  
Any h / o allergy or asthma:  
(for IVU patients only):

Adv  
CECT Head

Signature of Referring Physician / Date: NECT

### Consent:

I hereby give 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:

Your appointment is on: \_\_\_\_\_ Room No.: \_\_\_\_\_  
Time Slot: 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No.: \_\_\_\_\_ Size / No. of Films

Date: \_\_\_\_\_ Kvp/mAS: \_\_\_\_\_

Sign. of Radiographer:

P.T.O.



bedside

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली 110029  
All India Institute of Medical Sciences, New Delhi-110029  
परामर्श अभिलेख / CONSULTATION RECORD

प्र.अ. - १  
N.D. - १

नाम Name	Md Alam	उम्र Age	5 1/2	लिंग Sex	M	विवाह स्थिति Marital Status	न.ए.अ. सं. सं. UHID No.
सेवा Service		वार्ड Ward	45	विवरण Bed	13	व्यवसाय Occupation	10544408
							Religion Status

Referred by Dr. SR Puro Onco Requesting Doctor  
to Dr. SR RPC Consultant & Specialty

Findings :  
Date : 7/12/22

o/o T-ALL / Maintenance chemo  
o/o Headache  
vently x 6 day

Diagnosis or Impression : CSF done earlier o/o oculoplex (CSF Gluco (+))

Sudden onset painless vision loss x 1hr

Kindly perform urgent fundus evaluation for papilledema

Recommendations:



Consultant's Signature



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
 बाहिरंग रोगी विभाग / Out Patient Department

अस्पताल में अथवा सुलभ पर १५/ SMOKING IS PROHIBITED IN HOSPITAL PREMISES



Date/Date  
 Date/Date  
 Name/Name



Age/आयु

Sex/लिंग  
 Blood Grp/रक्त समूह

OPR-5

Reg. No. \_\_\_\_\_

Ph. Address \_\_\_\_\_

10544408  
 paedia

OPD No.  
 Date of issue  
 Validity  
 Issue Date



Illness/Diagnosis

Date/Date

W.F

13

Treatment/उपचार

- <sup>(27)</sup> refer CBC, RFT, LFT  
 - N/V on 5/12/22

Rx: (A) G-M-P (50) OD  
 T. MTX (15) 1/wk  
 - Gyp septum (ul & D)  
 - sat Chem } X3-0

C-1345

AIIMS  
 SENIOR RESIDENT  
 Dr. Anurag K. Sharma  
 AIIMS Outpatient Department  
 1st Floor, New Delhi-110029

RECEIVED  
 DATE 5/9/22  
 SIGNATURE



CLEAN AND GREEN AIIMS / एक साफ़ और स्वस्थ, स्वस्थ ही सब कुछ  
 अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
 O.R.D.O., AIIMS, 26582366, 26583444, www.orho.org Helpline - 1080 (24 hrs service)



20/22

विकास के अंग

1) ग्लोब (F)  
2) नवजात जनसंख्या  
3) जनसंख्या (F)

100

3) जनसंख्या के अंग  
4) विकास

THE UNIVERSITY OF CHICAGO  
POSTAGE WILL BE PAID BY ADDRESSEE  
CHICAGO, IL 60637

POSTAGE  
PAID PERMIT NO. 712  
CHICAGO, IL 60637

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



~~CSF~~ CSF

2/9/2022

to do it

5/12/22  
OPP

C-1345/22 : CSF cytospin smear shows  
numerous degenerated cells, likely  
blast.

Adv correlation with FCM

leung  
5/12/22  
(SR, lab  
oncology)



5/9/22 T. ALL / M2

10.8  $\frac{4250}{3100}$  / 1.42L

No complaints

O/E - stable

wt - 19 kg  
ht - 110 cm  
BSA - 0.76 m<sup>2</sup>

afebrile  
No LAP/HSM  
tests - (N)

Rx :- T. 6-MP (50) 1 OD

- T. MTX (15) 1/wk

- Eye septon 6me BD  
on sat & sun

- Rpt CBC after  
2 wks  $\rightarrow$  help line

- FU on 5/12/22

C RBC, RFT, LFT

CSF (2/9)  
 $\downarrow$   
reports awaited  
 $\downarrow$   
send on  
help line

JK

S/B Dietitian

05/09/2022

- 18.5 kg  
- 110 cm  
- 18 cm  
Vessels

Current Intake :- 980 / 29gP

Recommended Intake :- 1500 cal / 46gP

Diet Plan -

0% constipation. High fiber foods included

Counseling done

To ensure good hydration

Administer Pantonec BN 1/2 scoop in

200 ml milk 10

JK  
5/10/22

5/10/20  
 - 2y. Babcock cycles  
 - 1/2z built with complaints  
 - No last on 5/11/22  
 - personal hygiene maintained  
 - CEF - report accepted  
 - 4/0 headache vomiting

05/12/2022

T-ALL

- on maintenance

CSF - has blasts  
 (Sept 22)

pt 4/0 headache x 5d

Fundus - no papilloedema

O/E

No HCN

Teeth ✓

Adv  
 CEF team

C 1744/22  
 m/f, Unstated  
 by blasts

Repeat CEF done today

12.5 | 1.96 | 347  
 N=48%

(3/12)

CBC  
 LFT  
 RFT

PS

- ② - Take Ultracet - mini 1/2 tab 800
- syz PCM (250/5) 6ml PO TDS  
 x 3d sd fib 800
- syz Emeset 5ml PO TDS x 3d
- Take Junior Lamadol 1 tab  
 OD
- syz Glycerol 5ml PO TDS  
 1 tab } x 7d
- Tab Diamox (500mg) TDS } x 7d
- Midacip nasal spray as  
 advised if seizures
- syz loof 10ml/H S 8d
- Rev on Wednesday  
 C reports

1/5 Diet

Current Intake :- 1050 kcal & 21g P  
 Recommended Intake :- 1600 kcal & 47g P  
 4/0 headache & vomiting

Admin :- Pedergold  
 Dietsplengui

45

Handwritten signature/initials

Hyani  
 2019

C-1744