



Dr admitted in MRO Ward

IRCH No. 363959
Clinic Neuro Oncology Clinic
Deptt. RADIATION ONCOLOGY
General
Name शारथक शारथक
Name SHARTHAK
S/O- PRAKASH
Phone No. 8860420197
Address CHUMKUNI, AURAIYA, UTTAR PRADESH, Pin:0, INDIA

र संस्थान रोटरी कैंसर अस्पताल
UTE ROTARY CANCER HOSPITAL
एन संस्थान, नई दिल्ली - 110029
ICAL SCIENCES, NEW DELHI - 110029
ion Form (Other than X-ray)



UHID-108610624

Patient Status
 Outdoor
 Indoor (Ward / Bed no.) MRO/Bed 10

General Condition of the Patient:
 Ambulatory
 Non-ambulatory
 Critical with life support

Payment Status:
 Paying
 Exempted by (sign & stamp)
 EHS (no.)

RT/IS
46

Department / Clinic:
 Medical Oncology
 Radiation Oncology
 Surgical Oncology
 Anaesthesiology

Investigation Requested (Separate requisition is required for each type of investigation)

<p>CT</p> <p>Type</p> <input type="checkbox"/> CECT <input type="checkbox"/> NCCT <input type="checkbox"/> HRCT <input type="checkbox"/> Dual phase CT <input type="checkbox"/> Other (specify) _____ <p>Body Part(s)</p> <input type="checkbox"/> Head <input type="checkbox"/> Orbit <input type="checkbox"/> PNS <input type="checkbox"/> Face/ mandible <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other (specify) _____	<p>Ultrasound</p> <input checked="" type="checkbox"/> Abdomen & Pelvis <input checked="" type="checkbox"/> Upper Abdomen <input checked="" type="checkbox"/> Pelvis <input checked="" type="checkbox"/> KUB <input type="checkbox"/> Breast <input type="checkbox"/> Scrotum <input type="checkbox"/> Neck <input type="checkbox"/> TVUS <input type="checkbox"/> TRUS <input type="checkbox"/> Colour Doppler of _____ <input type="checkbox"/> Other (specify) _____	<p>Fluoroscopy & Special Radiography</p> <input type="checkbox"/> Barium Swallow <input type="checkbox"/> Barium Meal UGI <input type="checkbox"/> Barium Meal Follow Through <input type="checkbox"/> Gastrografin Study <input type="checkbox"/> Loopogram <input type="checkbox"/> Distal Cologram <input type="checkbox"/> Sinogram <input type="checkbox"/> IVP <input checked="" type="checkbox"/> Other (specify) <u>voiding cystourethrography</u>	<p>Image Guided Interventions</p> <p>Procedure</p> <input type="checkbox"/> FNAC <input type="checkbox"/> Core Biopsy <input type="checkbox"/> Fluid Aspiration only <input type="checkbox"/> Fluid Aspiration for cytology <input type="checkbox"/> Catheter Drainage <input type="checkbox"/> Other (specify) _____ <p>Of (organ/ lesion) _____</p> <p>As per the requirement, Please provide filled cytology/histopathology form</p>
<p>Mammography</p> <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left		<p>Films Review</p> <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Other _____	

Clinical Diagnosis: K140 supratentorial s/p 5x Ependymoma - on PORT.

Clinical details: 40 + frequency of urinary urge - dribbling of urine - poor stream, white urinary stream, white urinary

Previous imaging:
 None
 At BRAIRCH (study / date)
 Outside (details)

For CT & IVP only:
Blood urea, creatinine
Any history of allergy, asthma

Signature & Name of the Doctor
Bj2/po

Date: 28/4/20
M.R.O. Ward
Second Floor
B.R.A. IRCH A.I.I.M.S., New Delhi-110029

For the use of Radiology Department only

Appointment on: 5/5/20 9:30 AM

Contrast Details: 50ml Iohexol (1)

Study number/Date: _____

Senior Resident/Technologist: _____

Comments: _____

DR B R AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
 110025

DR. B.R.A. BHALLAI, NEW DELHI

IL SCIENCES, NEW DELHI - 110025
 Form (Other than X-ray)

Form No. 34359
 Radio Oncology Clinic
 RADIATION ONCOLOGY

Reg. Date: 21/02/2020

Club No. 2020/1941



UHID: 110010024

NAME: SHAKTIK

NAME: SHAKASH

Phone No. 886442197

Address: C/O NIKUNJ, AIRAFYA, UTTAR PRADESH, PIN-208001

Patient Status:

Outpatient

Inpatient (Ward / Bed no.): 1204 RT/16

General Condition of the Patient:

Ambulatory

Non-ambulatory

Critical with life support

Payment Status:

Paying

Exempted by (order & stamp)

TMS (over)

Investigation Requested (Separate requisition is required for each type of investigation)

CT

Type

- CECT
- NECT
- MACT
- Dual phase CT
- Other (specify)

Body Part(s)

- Head
- Orbit
- PNS
- Facial mandible
- Neck
- Chest
- Abdomen
- Pelvis
- Other (specify)

Ultrasound

- Abdomen & Pelvis
- Upper Abdomen
- Pelvis
- KUB
- Breast
- Scrotum
- Neck
- TULS
- TPLS
- Cervical Doppler of
- Other (specify)

Fluoroscopy & Special Radiography

- Barium Swallow
- Barium Meal LQI
- Barium Meal Follow Through
- Gastrographic Study
- Lycopogram
- Doble Cologram
- Sialogram
- IVP
- Other (specify)

Image Guided Interventions

Procedure

- FNAC
- Core Biopsy
- Fluid Aspiration only
- Fluid Aspiration for cytology
- Catheter Drainage
- Other (specify)

OR (organ/lesion)

Film Review

- CT
- MRI
- Other

As per the requirement, Please provide filled cytology/histopathology form

Clinical Diagnosis:

4/40 (20) supratentorial Ependymoma

Clinical details:

Sp 5x → in RT.

Previous imaging

- None
- At BRAIRCH (study / date)
- Outside (details)

4. + frequency of invasion
 - poor stream of urine

For CT & IVP only:

- Blood urina, creatinine
- Any history of allergy, asthma

रडिओलॉजि ऑन्कोलॉजी वार्ड
 RADIATION ONCOLOGY WARD

Signature & Name of the Doctor
 Date: 29/4/20

For the use of Radiology Department only

Appointment on:

2/5/20
 Sat

Study number/Date:

Senior Resident/Technologist:

Comments:

विकिरण नैदानिक विभाग
 अ०भा०आ०सं०, नई दिल्ली-110029
 DEPARTMENT OF RADIODIAGNOSIS
 A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: laxmi Manayan Age / Sex: Ref. Deptt. / Unit: Date:
 Indoor (Bed No.) / Outdoor / Casualty: OPD No. / UHID No.: LMP:
108911327

Examination Required :

Ultrasound Doppler (Arterial / Venous) Interventional Procedure
 CT - guided by HRCT Dual Phase CT CT Angiography
of lung mass

Clinical History and Examination :

no acute dx.

Clinical / Working Diagnosis :

Pt followed \bar{c} Hypopigmentation of
 scalp free of itchy crusted
 lichenoid plaque

Any Previous Studies (Please provide No. if available):
 Blood Urea / Serum Creatinine (for CT patients only):
 Any h/o allergy or asthma:

Dunig evaluated: Rpt is
 density lesion in \textcircled{R} paravertebral
 organ.

Signature of Referring Physician / Date:

Consent :

I hereby given 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.

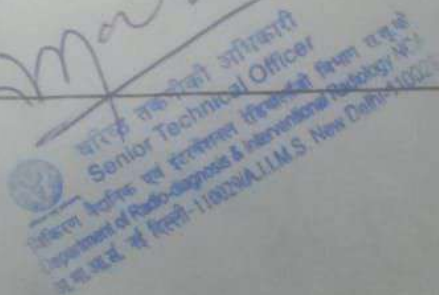
Signature of Patient / Date:

Handwritten signature
DOB: 10/10/2010

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :



DR. B.R.A. BHARGAVA, NEW DELHI
 Reg. No. 21/02/2026
 Clinic No. 2026/1041
 UHID: 108619624
 Name: SHAKTHAK
 Address: CHUMKUN, AURANG, UTTAR PRADESH, INDIA

आर. रेडियोलोजी एकाद
 ल. अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 All India Institute of Medical Sciences, New Delhi-110029
 GICAL TEST रेडियोलोजी टेस्ट की तारीख
 UHID No.
 IRCH No.
 नं. 43 (49) 46/30 Please report at समय: 8.30 am.

Test	Type	Body part (s)
CT scan सीटी स्कैन	CECT, NCCT, HRCT Multiphase CT, CT angiography	Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, other.....
Ultrasound अल्ट्रासाउंड	Abdomen-Pelvis, KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....	
Colour Doppler डॉपलर	Upper limb, Lower Limb, Other.....	
GI tract study बैरियम	Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrograffin Study, other.....	
Urinary study आईवीपी	IVP, MCU, other.....	
Mammography मेमोग्राफी	Bilateral, Right, Left	
Other अन्य		

Signature of booking clerk/officer

Date given on: 30/4/26

- Please read carefully and follow checked ✓ Instructions चिन्हांकित ✓ सूचनाओं का पालन करें :
- Bring contrast injection Iomeprol 400mg/Iohexol 350mg/Iobitridol 350mg/other equivalent.....ml यह दवा साथ लाएं.
 - Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहें (पानी, दवाएं ले सकते हैं)
 - Do not pass urine for 3-4 hours 3-4 घंटे पेशाब रोकें रहें.
 - Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
 - Bring an adult attendant with you एक बयस्क साथी साथ लाएं.
 - Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्म साथ लाएं.
 - Pay Rs. 750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें.
 - Special instruction विशेष सूचनाएं

सीटी स्कैन एवं मेमोग्राफी की रिपोर्ट कमरा सं. 45 से प्राप्त करें

General information सामान्य जानकारियां :

- Contrast Injection during CT scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, hypotension or shock. These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to any medicine. सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्परिणाम (उल्टी, सुजली, शॉक इत्यादि) हो सकते हैं, यदि आपको दमा या कोई एलर्जी है तो पहले बताएं.
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि गर्भवती हैं तो पहले बताएं.
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है.
- Report will be sent to OPD counter SW 3/R.No.-45 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर SW 3/क.सं.-45 या वार्ड में भेज दी जाएगी.

Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।
 I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्परिणाम की जानकारी दी गई है. मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ.

Signature of Patient or attendant _____ Name _____



12
23/7/16

वृं कें / NATIONAL CENTRE FOR AGEING
अं भां आं सं अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

PROHIBITED IN HOSPITAL PREMISES

NCA

UHID: 106911327

कमरा / Room
02

Queue / संख्या
F17

NCA Geriatric Medicine



Dept. No. 20260590003085

लक्ष्मी नारायण / LAKSHMI NARAYAN

S/O LT. JHARGADI PRASAD
70Y 2M 5D / MM (पुरुष)
UTTAR PRADESH UTTAR PRADESH
Pin: G. INDIA
Ph: 9235370681
Follow Up Patient

भगत गुरु रवि: Tue Thu Sat



Reporting: 09:58:33
07/04/2026

OPR-

रोगी/दि. पंजीकृत सं./O.P.D. Regn. No.

आयु
Age

पता / Ad

1000

निदान / Diagnosis

Parthenium Dermatitis (↓ Dermatitis)

दिनांक / Date

उपचार / Treatment

Pr offt in 1/10

- Dymipidem

- Dmc-2

Per CT WR:

by screening
RN 1/5

- 145/22
66

Dummy

evaluation:

Soft 5

lesion 5-5 x 2-9 mm
E necrosis at (A) part

likely 1° malignant patho

+

few prominent WOP, C

(A) low paratracheal +

(B) hilar + subcannal re

vided B

not possible

NOLOGY

new

Adw No.

(1) ~~AB~~

Atorvas (10) HU

(2) B

Glimepiride

(3)

PLU

(m)

DERMATOL

(4)

PLU



DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
A.I.I.M., NEW DELHI-110029

Appointment for Intervention Radiology Procedure

Name:- Laxmi Narayan Age/Sex 70/M Date: 23/4/26

UHID: 108911327 Ward/OPD NCA RoomNo.: 126 Time: 9

You are booked for: CT guided \oplus lung mass (peripheral uptake on PET)

Pre Intervention Instructions:

- ~~A.~~ Patient should be admitted 8am 1st floor NCA
- ~~B.~~ Patient to be shifted in hospital clothes with a trolley
- ~~C.~~ One attendant to accompany the patient
- ~~D.~~ Consent form to be signed
- ~~E.~~ Lab tests: Prothrombin Time (PT report) INR, CBC
- ~~F.~~ Patient should come with IV cannula inserted from the ward
- ~~G.~~ Patient can take light diet and water 4 hours before the procedure
- ~~H.~~ Bring all your previous investigation (X-ray, US, CT etc) and file
- I. To bring following items:

- PCN set (Percutaneous Nephrostomy) -8F, Size (One)
- Pigtail catheter / Malecot drainage Catheter _____ (One)
- Amplatz Super stiff/Ultra stiff metallic Guide wire (0.035): Length: 145cm (One)
- Automatic core biopsy gun 14/16/18G (One)
- ~~Semi-Automatic co-axial biopsy gun 18/20 G (One) (10/15/20 MM throw)~~
- Get biopsy preservative solution bottles for routine Cytology and Electron microscopy from pathology Department 1st Floor Teaching Block
- I.P. Needle 18G/20G/23G
- Chiba Needle 23G
- Bring FNAC/Biopsy form your concerned OPD/Ward duly filled by your Doctor
- Deposit Rs. 1000/-
- Any other _____

Appointment given by (Name of Resident with Date):

A. Satish (SR)
7/4/26

[Signature]
[Signature]

Senior Technical Officer
Department of Radio-Diagnosis & Interventional Radiology NCA
A.I.I.M., New Delhi-110029



12
23/7/26

वृं कें / NATIONAL CENTRE FOR AGEING
अं भां आं सं अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
ROHIBITED IN HOSPITAL PREMISES



NCA
UHID: 106911327
Dept No: 2024090003065

कमरा / Room 02
Queue / संख्या F17
NCA Geriatric Medicine

OPR-6

लक्ष्मी नारायण / LAKSHMI NARAYAN
S/O LT. BHARGADI PRASAD
70Y 2M 50 / M / (88Y)
UTTAR PRADESH, UTTAR PRADESH-
Pin 0, INDIA
Ph: 9955570661
Follow Up Patient

गैर-सक्रिय / Tue Thu Sat
Reporting: 08:58:33
07/04/2026

रोगी सं / पंजीकृत सं / O.P.D. Regn. No.

आयु / Age

पता / Address

106911327
SP

निदान / Diagnosis

Postmenium Dermatitis (↓ Dermatology HU)

दिनांक / Date

उपचार / Treatment

Family screening
RA 15
BP - 145/93
PR - 66

PT right eye 4/10
- Dyrpidamide
- Om-2

During evaluation: POC was
lesion 5-5 x 2-9 mm
microscopic at (P) Arthralgia seg
likely 1° malignant pathology.

Guided B
if not
possible

few Prominent W/P, & mild meta
(P) low paratracheal +
(P) hilar + subcannal regions).

OMNIOLOGY
Renew

Advs.

(1) ~~A~~ Atorvast (10) HU x

(2) B Glimperide 1mg BBR

(3) HU (M) DERMATOLOGY
and Popinate cre

(4) P.W. 1mg Bb



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O. AIIMS: 28588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov

Vexant
16/04/26
38



DR. B.R. AMBEDKAR INSTITUTE OF CANCER HOSPITAL
IRCH No. 363959

9810258068 *Pishma* St. Jude India child

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

Case Center

अ. भा. आ. सं अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

Prat S. Gupta

अस्पताल के
DR. B.R. IRCH, AIIMS, NEW DELHI
IRCH No. 363959
Reg. Date-21/02/2026
Clinic Neuro Oncology Clinic
Dept. RADIATION ONCOLOGY
General
Sex/Age M/3Y
Room Board Room (Shift Morning)
Address CHUMKUNI, AURAIYA, UTTAR PRADESH, Pin-0, INDIA

MISES



UIID-108610024

1. No. RT-136942

तिथि / Date of Birth

एकक / Unit
विभाग / Dept.
नाम / Name

निदान / Diagnosis

दिनांक / Date

Supratentorial Ependymoma, CNS WHO G2

उपचार / Treatment

Post Sx

21/02/2026

Plan

PTDAle Stone & CIA

Adjuvant RT & GA.

27/04/26 - 9AM

PAL - (60)

20/04/26 - 9AM

CEMRI Brain - (Bring CD in DICOM format)

21/04/26 - 9AM

Reviews in NOC & reports on

22/04/26 - 9AM

Saturday.

23/04/26 - 9AM

24/04/26 - 9A

27/04/26 - 9AM
28 FEB 2026

28/04/26 - 9AM BR

Abhilash

MD

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline 1060 (24 hrs service)
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

Dr. Rajendra Behere

23/04/26

* Current CT done on 23/04/26 shows purely necrotic mass.

* The uptake which was seen on PET ~~is~~ also necrotic in current scan.

* Only medial margin of mass is enhancing. Can be attempted through endobronchial approach. through

* Not amenable ~~through~~ percutaneous approach

SR/AD

SR/AD