EK PARIVARTAN FOUNDATION

Working for a Better Tomorrow

EK PARIVARTAN FOUNDATION REGISTRATION NO: 130

EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M

EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221

EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573

EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308

EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314

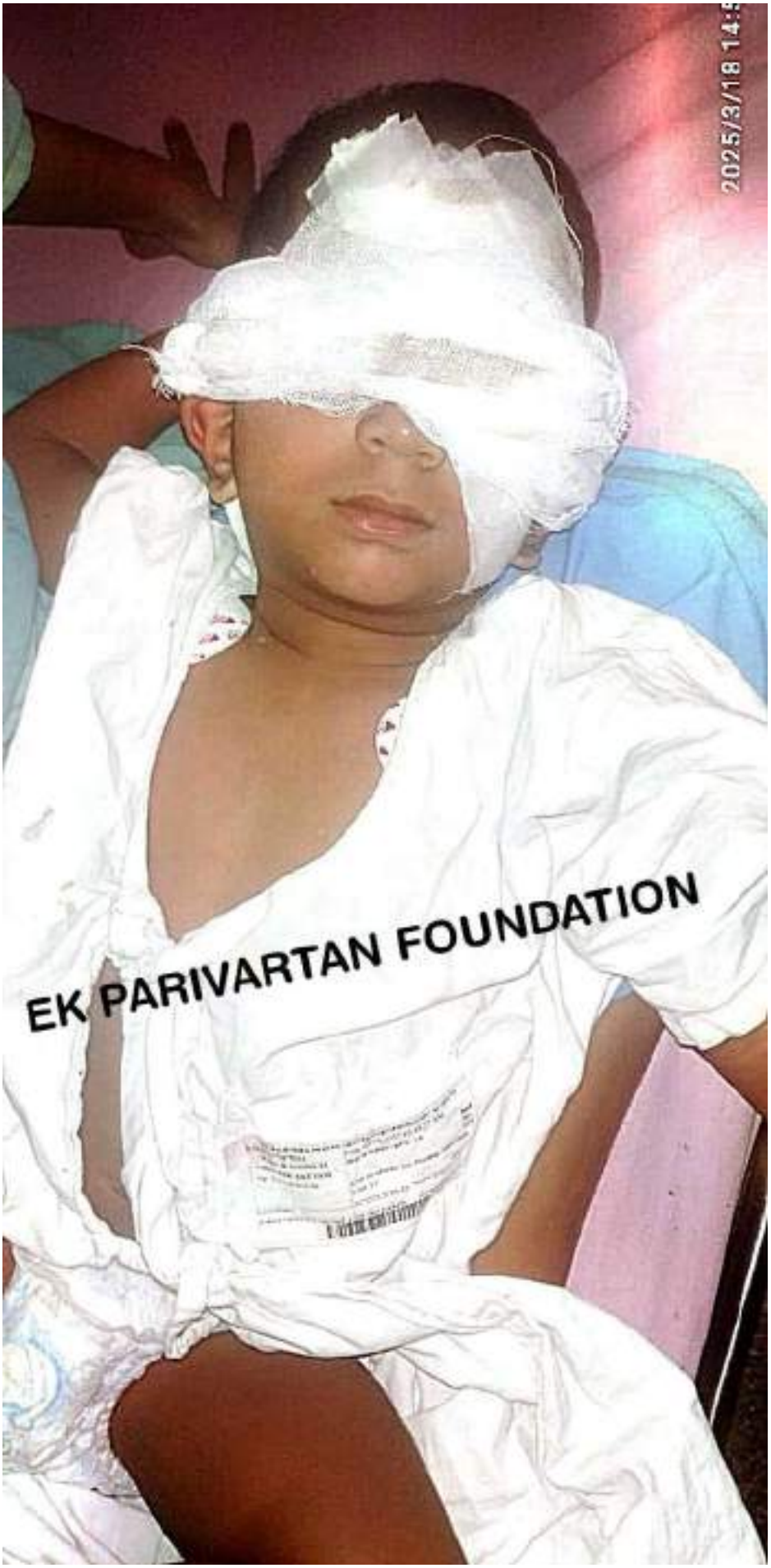
EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	MASTER SATYAM VERMA
PATIENT FATHER NAME	MR. VISHNU VERMA
DOB AND GENDER	1.5 YR / MALE
DISEASE NAME	EYE TUMOR (RETINOBLASTOMA)
TREATMENT HOSPITAL	(AIIMS) ALL INDIA INSTITUTE OF MEDICAL SCIENCE
REGISTRATION NO	107475311
DEPARTMENT NAME	OPHTHALMOLOGY
TREATMENT COST	APPROX 1.5 TO 2 LAKH
PATIENT FATHER OCCUPATION	NOT WORKING
PATIENT ADDRESS	Pooja Colony, Loni Ghaziabad, UP


2025/3/18 14:
EK PARIVARTAN FOUNDATION

सं. 1
No. 1

उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
जिला संयुक्त अस्पताल गाजियाबाद
DISTRICT COMBINED HOSPITAL GHAZIABAD

प्रपत्र-5
FORM-5

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8(1) के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8(1) OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि जिला संयुक्त अस्पताल गाजियाबाद तहसील गाजियाबाद जिला गाजियाबाद राज्य संघ प्रदेश उत्तर प्रदेश,भारत के रजिस्टर में अंकित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR OF DISTRICT COMBINED HOSPITAL GHAZIABAD OF TAHSIL/BLOCK GHAZIABAD OF DISTRICT GHAZIABAD OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME : SATYAM

लिंग / SEX : MALE

जन्म तिथि / DATE OF BIRTH:
02-10-2023
TWO-OCTOBER-TWO THOUSAND TWENTY THREE

जन्म स्थान / PLACE OF BIRTH :
DISTRICT COMBINED HOSPITAL GHAZIABAD

माता का नाम / NAME OF MOTHER:
RATI

पिता का नाम / NAME OF FATHER :
VISHNU

आधार नंबर / MOTHER'S AADHAAR NO :

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD :
POOJA COLONY LONI GHAZIABAD UTTAR PRADESH 201102

माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS:
POOJA COLONY LONI GHAZIABAD UTTAR PRADESH 201102

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2024: 9-90347-006753

पंजीकरण तारीख / DATE OF REGISTRATION:
07-02-2024

टिप्पणी / REMARKS (IF ANY):
—

जारी करने की तिथि / DATE OF ISSUE:
28-05-2024

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY :

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
जिला संयुक्त चिकित्सालय गाजियाबाद
DISTRICT COMBINED HOSPITAL GHAZIABAD

UPDATED ON :
28-05-24 11:30:34

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "

JSP Page

https://ehospital.aiims.edu/ehospitalbilling/billing/moneyreceipts...

नगदी रसीद / CASH RECEIPT
अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences
अन्सारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi - 110029
20240050054 डॉ॰ राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र / Dr. Rajendra Prasad Centre for Ophthalmic Sciences
दूरभाष / Phones : 26593012, 26593115

Receipt No.:
Received From:
OPD/MRD No.: ACCTR NTS-21/13004/202526 [Original]RN
ON ACCOUNT OF: Receipts
MR. SATYAM Age :1 Yrs 7 Mons 29 Days
107475311 (OPD)

Dated : 24/05/2025
Patient Type : General
Room No. :

Sl No.	Service Name	Amount
1	ADVANCE - RPC LONG ADMISSION FOR GENERAL 4 DAY	140.00
2	OTHER CHARGES (RPC) - ADMISSION CHARGE	25.00

Printed on 24 May 2025 11:42:36 AM

EK PARIVARTAN FOUNDATION
Addmission Slip

शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode: Cash
INR (Rs.) : 165.00(Including 0.0% GST on room rent only)
Rs. in Words Rupees One Hundred and Sixty Five Only

MR.DINESH RPC

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card

डा॰ राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ॰ भा॰ आयु॰ सं॰, नई दिल्ली-110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

दृष्टि

अनुभाग व दिन Section and Day	कमरा नंबर Cabin No.
बुधवार व शनिवार Wednesday & Saturday VI	

यू.एच.आई.डी UHID

नाम Name

दिन DAY

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

UHID:107475311	Date: 24/05/2025 11:44:53 AM
CR No.:R-022459-25	Ward Name: RPC 1A Bed No: 127
Name: MR. SATYAM	Unit In-charge: Dr. Prafulla K Maharana
Age 1Y 7M 29 D /M	Unit-VI
S/O VISHNU	ACCOUNTS-21-13004/202526 R.S. 140
Address 540,POOJA COLONY LONI GHAZIABAD UTTAR PRADESH	

LB290525297 107475311
LH2905251496 107475311
LC2905252152 107475311
SATYAM...

EK PARIVARTAN FOUNDATION
Checkup CBC

27

CBC
LFT
RFT
PT-INR

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.

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

GST INVOICE

AMRIT PHARMACY- SAFDARJUNG ENCLAVE
(A DIVISION OF HLL LIFECARE LTD)
PROPERTY NO-B-6/9, 1ST FLOOR,,COMMERCIAL COMPLEX,
SAFDARJUNG ENCLAVENEW DELHI-110017
Ph : 9667080402,9810846760
E-mail : amrithl141@gmail.com

DL No.: : WLF20B2023DL000547 ,WLF21B2023DL000544
GSTIN :07AAACH5598K1Z3 State : DELHI(07)

Cust. Name : SATYAM 1Y/M APT
DR RUKSANA,82/24-25 UHID 107475311

Inv No : 2525583002534
Date : 24-05-2025 (02:14 PM)
Pay Type : Credit Invoice

S.Man : LP4
User : LP4

PO No :
DL.NO.:
GSTIN :07DELS71442A1DD State : DELHI(07)

S.NO	PACK QTY	PACKING	PARTICULARS	HSN CODE	BATCH / LOT EXPIRY	MRP	DIS %	DIS AMT	GST %	Net Amount
1	1	1X1	CONNECTA	90181100	3282915@ 09-26	147.00	26.00	38.22	12.00	108.77
2	2	1X1	CONNECTA 3 WAT EXTENSION 100CM WHITE	90183990	3278259@ 09-26	339.00	26.00	176.28	12.00	501.70
3	2	1PC	CONNECTA 3-WAY STOPCOCK 10CM 395095	90183990	3275244, 09-26	147.00	26.00	76.44	12.00	217.55
4	1	1X1	GUIDEWIRE STD 0.35 X 150 CM ANGLED	90183990	240117V@ 12-25	2300.00	26.00	598.00	12.00	1701.98
5	1	1PC	PUNCTURE NEEDLE 21 G	90181990	240417, 01-27	330.00	26.00	85.80	12.00	244.20
6	1	1X1	SYNSTIM 50 MG INJ	30049011	23JMP01, 08-25	2995.00	26.00	778.70	5.00	2216.30

O.D

EK PARIVARTAN FOUNDATION
Medicine Bill

TAX%	TAXABLE AMT	SGST%	SGST AMT	CGST%	CGST AMT
0%	0.00	0%	0.00	0%	0.00
5%	2110.76	2.5%	52.76	2.5%	52.76
12.0%	2477.02	6.0%	148.59	6.0%	148.59
18.0%	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	14.0%	0.00	14.0%	0.00

TOTAL MRP :	5744.00
DISCOUNT AMT. :	1753.44
TOTAL TAX AMT :	402.70
TAXABLE AMT :	4587.78
ROUND OFF :	-0.48
TCS AMT. :	
INV TOTAL :	4990.00

NO OF ITEMS : 6

Amt In Words : Four Thousand Nine Hundred Ninety Rupees only

MULTI PAY

Terms & Conditions:

1. Subject to Delhi Jurisdiction only.
2. Goods can be returned back within 15 days from the date of billing.
3. Temperature sensitive products used or tampered products can't be returned back.

Receiver's Signature :

For AMRIT PHARMACY- SAFDARJUNG ENCLAVE

ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that Shri/Ms. Satyam Verma Age 14 months Gender

S/o, ~~D/o, W/o~~ Vishnu Verma is getting treatment under Ophthalmology Dr

vide registration no. UHID No. 10 7475311

is suffering from Retinoblastoma

He/she has been advised for surgical items for IAC procedure of 1 cycles for regimen and the

approximate cost of the total treatment is Rs. One lakh one thousand four hundred

(in words) ~~Rupees~~ thirty eight rupees

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

1.	INJECTION OMNIPAQUE/IOMERON 300mg- 50ml	1000RS
2.	THREE WAY CONNECTOR(BD) -1	268Rs
3.	SHORT CONNECTING TUBES WITH 3 WAY-2	120Rs
4.	LONG CONNECTING TUBES WITH 3 WAY-2	308Rs
5.	LUER LOCK SYRINGES 10ml/0.1ml-1	43Rs
6.	MEDICUT 18G/PUNCTURE NEEDLE 18G/21G-1	315Rs
7.	EXCHANGE GUIDEWIRE(TERMO) 150cm, 32 ANGLED-1	2226Rs
8.	DOUBLE LARGE BORE Y-CONNECTOR(MERIT)-1	1250Rs
9.	FEMORAL SHEATH(ARROW) 5F X 7.5cm-1	1224Rs
10.	ENVOY 5F-1	12584Rs
11.	MARATHON-1/HEADWAY 21	52700RS
12.	HYBRID/MIRAGE-1	26900Rs
13.	INJECTION MELPHALON 50mg/10ml	2,500Rs
14.	INJECTION TOPOTECAN 2.5mg/2.5ml	4,000Rs
15.	INJECTION CARBOPLATIN 150mg/15ml	1,000Rs

Note:

EK PARIVARTAN FOUNDATION

ESTIMATE LETTER

This is to certify that Shri is being advised to avail financial assistance for treatment only.

The said estimate certificate is valid and applicable for seeking financial assistance from Rashtriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State Health Society, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF) MP local area development fund, Chief Relief Fund, and fund from other sources.

This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI

The Cheque is to be issued in favor of "Director AIIMS, New Delhi".

Name & Signature of Consultant with Stan

15/09/2025

24/5/25

Planned for IAC

1. Inj. Omnipague 300mg 150ml — 1
2. 3 way connector BD — 1
3. short connecting tubes : 3 way — 2
4. long connective tubes : 3 way — 2
5. Luer Lock syringes 10ml / 0.1 ml — 1
6. Medicut 18G / purelave needle 18G/21G — 1
7. exchange guide wire (Terumo) 150 cm 3 Zangled — 1
8. Double lage box Y connector (merit) — 1
9. femoral sheath (Cavion) 5Fr x 7-Sch — 1
10. Emory 5F — 1
11. Navarra — 1 / Headaway 21
12. Hybrid / Mirage — 1
13. Inj. Meperidon 50mg/10ml — 1

24/5/25

डॉ. रचना सेठ
Dr. RACHNA SETH
आचार्य / Professor
राजकीय चिकित्सा विज्ञान / Department of Forensics
अ.भा.आ.सं., नई दिल्ली / AIIMS, New Delhi

24/5/25

22/8/25

(50ml)

1. Inj omnipaque/Omeron 300mg - 1
2. 3-way connector (BD) - 1
3. Short connecting tubes × 3way - 2
4. Long connecting tubes × 3way - 2
5. Leur lock syringes 10 ml / 0.1 ml - 1
6. Medicut 18G / puncture needle 18G / 21G - 1
7. Exchange guide wire (Terumo) 150 cm, 32 angled - 1
8. Double bore Y-connector (Merit) - 1
9. Femoral sheath (arrow) 5F × 7.5cm - 1
10. Envoy 5F - 1
11. marathon - 1 / Headaway 21
12. Hybrid / Mirage - 1
13. inj Melphalan 50mg / 10ml - 1

वरिष्ठ रेजीडेन्ट / Senior Resident
डॉ. आर.पी. सेन्टर फॉर ऑफ्थैल्मिक साइंसेज
Dr R.P Centre for Ophthalmic Sciences
अ.भा.आ.सं. नई दिल्ली, A.I.I.M.S., New Delhi-29

DOA : Samam no. 11
came across
14/8/25 —

D.OA = 14/8/25

Board IA
7:20 AM

GB gene (+)

EK PARIVARTAN FOUNDATION

21/8/25

c/s/B D- N. Lomi on 15/4/25

Adv

- (R) Single drug IAC (Melphalan)
- (R) TTT of infero- lesion done previously

जारी जमा पर्ची (सरकारी अस्पताल)
दिनांक... 21/8/25
डॉक्टर सहायक के ह...

वरिष्ठ रेजीडेन्ट / Senior Resident
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr R.P Centre for Ophthalmic Sciences
अ.भा.आ.सं. नई दिल्ली, AIIMS, New Delhi-29

18/4/25 EUA + unit 6

Dr Sumit / [illegible] Dr Tapashree
Dr N. Niranjana

OS

Enucleated

→ TTT done

Power = 230mW.
Duration = 9000ms.
Interval = 50ms.
Spots = 12.

Ⓛ NO HRF.

Ⓡ E/d myclo 3T/D x 5days.

Ⓡ Patient was sent for dosimetry,
but has not brought cards today.
↓
Cl/o/w by R.Seth.
Referred to consider Ⓡ IAC

USG
S-N Mass — AT: 6.09 x 9.54mm

9/5/B Dr. N. Kami

M
SR

Ⓡ Single Drug IAC. (Melphalan) (9580257840)
↓
MISO office.

Ⓡ TTT to inferior lesion (Done)

NFS

DOA
(23/4/25 + [illegible])

5/4/25

c/o (R) Gp multifocal B RB
(L) Gp E RB

received 6# HD CEV, last received in Nov'24

EK PARIVARTAN FOUNDATION

underwent enucleation on 18/3/2025 (L) eye

HPE → no HRF
s/o poorly differentiated RB c calcification
sclera, iris, ciliary body choroid, ON
including its cut end free of tumor

EUA (R) eye → active mass → Plaque therapy planned
almost fully regressed
mass c calcific with } TTT done on
partially active mass } the 2 lesion

Child is planned for plaque therapy
↓
has been told to meet on same on Monday → on wed.
& f/u in opthal

Adv
(N/V) in OPD on 14/4/2025.

Plan → RB1 gene mutation
↓
opthal review

D/w Prof R Seth ma'am
↓
I/v/o B/L and multifocal disease, possibility of RB1 gene true present. To do RB1 gene mutation
In such a case may be best to avoid RT and plaque therapy
consider for IAC

To [illegible],
Please help.

Rumu SR

Dr. Shreshtha Kaushik
Senior Resident
DM, Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

To
Dr. Lomi Sir,

child is a C/o GPB multifocal RB, ⓡ eye, C/o GPE ⓛ eye, ī active mass persisting in ⓡ eye → planned for plaque. ⓛ eye enucleated, no high risk feature. Possibility of genetic basis present. Should IAC / or chemotherapy be considered over plaque brachytherapy. We have planned RBL gene mutation. Kindly opine.

Thank You,

EK PARIVARTAN FOUNDATION

Dr. Shreshtha Kaushik
Senior Resident
DM, Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

5/4/25

To
Cankids,

Kindly help to do RB1 gene mutation for the patient.

Thank You,

Dr. Shreshtha Kaushik
Senior Resident
DM, Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

RB1 gene
1 CS
please
[illegible]
5/4/25

डॉ. रचना सेठ
Dr. RACHNA SETH
आचार्य / Professor
बाल रोग विभाग / Department of Pediatrics
अ.भा.आ.सं. नई दिल्ली / AIIMS, New Delhi-110029

प्रयोगशाला अवुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029

LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	107475311	**Reg Date :**	25/04/2024 02:06 PM
Patient Name :	**Mr. SATYAM**		
Sex :	Male	**Age :**	7 months 25 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :	Dr. S. K. KABRA	**Sample Collection Date:**	20/05/2024 12:18 PM
Lab Name:	Lab Oncology	**Sample Received Date:**	20/05/2024 04:12 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20240030012735	**Recommended By:**	Dr. Dilip SR Paeds
Lab Reference No:	1360		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : LOI-200524182-PS (Blood) / Report Date: 22/05/2024 10:12 AM

PS

WBC :

N 1 L 92 E 1 M 5 B Meta Myelo 1 Pro

Blast Others Lymphoid cells including few atypical forms

Cell Morphology

RBC: Ncyt + Nchrom + Aniso Micro Macro Polik Elipto

Dachro Schisto Acantho

Crenat Sphero Blister Bite Hypo + Target Polychr

Anisochrom Nucleated RBC

HJ Body Baso Stipl Cabot ring Parasite Rouleaux Agglutination

Others

PLATELETS: adequate.

Adv: Flowcytometric immunophenotyping for further characterization

EK PARIVARTAN FOUNDATION
Operation Report

Senior Resident :
Yu

Consultant: Dr Ritu Gupta

C.K

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

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

UHID:107478311

Queue / संख्या N12

Room C 218

Dept No: 2024000010 2135

SATYAM

General

New Patient

o पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

पता/Address

CK-89320

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
9/5/24	8month/Mch. B/L Retinoblastoma EUA: (R) Multifocal Gp. B RB. (L) Gp. E RB. Images discussed in RC today: B/L intraocular RB No ON involvement Δ: B/L IORB - (R) Gp. B (L) Gp. E. ~~Adv~~ CBC: 7.8 \ 18590 / 6.55 Lakhs. / 4590 \ Viral markers: Negative Mantoux: NR

EK PARIVARTAN FOUNDATION Opd

Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New Delhi 110029

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

(124)

CHID :	107975315	**Cr No:**	R-010256-25
Name:	Mr. EAIVAN	**Department:**	R. P. Centre (Eye Centre)
Age/Sex:	1 year 9 months 23 days / Male	**Unit:**	Unit-VI
Ward Name:	RPC 1A	**Bed No.:**	124
Address:	540, POOJA COLONY, LONI GHAZIABAD, UTTAR PRADESH, INDIA		
Mobile No:		**Drug Allergy, if any :-**	[?]
Date of Admission:	05/03/2025 10:48:25 AM		25-517
Date of Discharge :	19/03/2025 09:36:00 AM		18/3/25

ICD Code:	C69.2
ICD Description:	Malignant neoplasm Retina

Diagnosis

RE REGRESSED GROUP B RB
LE CHEMOREDUCED GROUP E RB

EK PARIVARTAN FOUNDATION
Discharge Slip

Investigation

Systemic		**Ocular**	VA RE 6/24 @ 50 CM LE NOT FIXING IOP BE DIGITALLY NORMAL

TTT setting
power 250 mW
duration 3000 ms
interval 50 ms
counts 33

Treatment/Operative Procedure

Surgeon	DR. NODANAPPA	**Surgery**	RE TTT LE ENUCLEATION PRIMARY IMPLANT UNDER GA
Date	16/03/2025		

Intra op: lateral canthotomy done, 18 mm silicon implant placed, canthotomy done, suture tarsorrhaphy done

Condition at Discharge

Vision	VA RE	unco operative	**IOP**	IOP RE Dig (N)
		OD	OS	
Anterior Seg.	LID DISCHARGE	(-)	(+)	**Posterior Seg.** (RE) glow (+)
	CONGESTION	(-)	(+)	
	CORNEA	clear	enucleated	
	AC	formed		
	PUPIL	central, circular		
	LENS	clear		

Tarsorrhaphy suture (+)

Advice During Discharge

Oral	SYP OMNACORTIL 8ML OD ADF FOR 1 WEEK TAB DISENE 1 TSP BD SYP AUGMENTIN 3 ML TDS SYP ... 3ML SOS FOR PAIN	**Topical**	LE E/D MILFLODEX 4T/D E/D REFRESH LIQUIGEL 6T/D
Follow Up	IN CLS ONCOLOGY CLINIC AT 2 PM IN 342 B ON 26/03/25 (Wed)	**Position**	

Collect HPE report from 4th floor ocular path.

(Plaque RIE to be planned on f/up) → P.T.O for SUA

Prepared By: Dr. [signature]

Signature Of Senior Resident

Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS),New Delhi,110029

12a

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UHID :	107475311	Cr No:	R-001742-25
Name:	Mr. SATYAM	Department:	R. P. Centre (Eye Centre)
Age/Sex:	1 year 3 mons 25 days / Male	Unit:	Unit-VI
Ward Name:	1A	Bed No.:	130
Address:	540,POOJA COLONY, LONI GHAZIABAD, UTTAR PRADESH, INDIA		
Mobile No:		Drug Allergy,if any :- []	
Date of Admission:	11/01/2025 09:26:25 AM		
Date of Discharge :	20/01/2025 01:20:00 PM		

ICD Code: .C69.2
ICD Description: Malignant neoplasm Retina

EK PARIVARTAN FOUNDATION
Discharge Slip 2

Diagnosis

RE REGRESSED GROUP B RETINOBLASTOMA
LE CHEMOREDUCED GROUP E RETINOBLASTOMA

Investigation

Systemic .NO KNOWN SI

Ocular .VA
RE FOLLOWS LIGHT
LE DOES NOT FOLLOW EYE

IOP
RE DIGITALLY NORMAL
LE DIGITALLY NORMAL

Treatment/Operative Procedure

Surgeon .PROCEDURE CANCELLED
Date 20/01/2025

Surgery .PROCEDURE CANCELLED I/V/O ACTIVE VIRAL ~~PRODROME~~ infection → contagious in nature

Condition at Discharge

Vision .LE DOES NOT FOLLOW EYE
Anterior Seg. .LE
NO DISCHARGE, CONGESTION
CLEAR CORNEA
AC DEEP
CIRCULAR CENTRAL REACTIVE PUPIL
LENS CLEAR

IOP .LE DIGITALLY NORMAL
Posterior Seg. .LE POOR GLOW

Advice During Discharge

Oral .
Follow Up .WITH DR NEIWETE LOMI IN OPD 33 ON WEDNESDAY/SATURDAY AT 9 AM AFTER DERMATOLOGY CLEARANCE

Topical .
Position .DERMATOLOGY REVIEW FOR VIRAL PRODROME

F/up) in old onco at 2pm Mon/Wed c PHDU/Paeds OPD clearance for admission

C/o/b PHDU SR
— Dermatology opinion
— Review c paeds OPD in 1week

SR

Prepared By: Dr. Muskaan Bansal

Signature Of Senior Resident