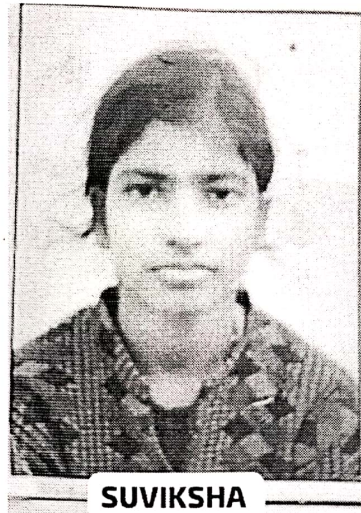
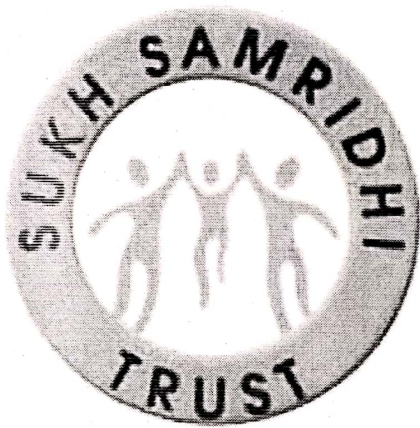




SUVIKSHA

PATIENT NAME : SUVIKSHA

FATHER'S NAME : RAM BAHADUR

AGE : 19/05/2010 (13yrs)

TREATMENT : TOF - - REPAIR

DATE OF ADMISSION : 06/07/2023

DATE OF SURGERY : 08/07/2023

DATE OF DISCHARGE : 17/07/2023



Sukh Samridhi Trust

We Serve Society The Best

15/8/23

PAN NO. AALTS1051L

D-31/A, IInd Floor, Pandav Nagar, Delhi-110092

Mob. : 7428130602

Web : www.sukhsamridhitrust.org

E-mail : Sukhsamridhitrust6@gmail.com

Ref. No.....

Date 15/08/2023

SPONSORSHIP FORM FOR- A DISABLED CHILD TREATMENT/EDUCATION

Name : Suviksha
Date Of Birth : 19.5.2010
Disease/Disability : Scoliosis
Treatment Prescribed : 125RC K2 M1



Add Of Rehab Centre/School : No
Father/Mother/Guardian Name : Ram Bahadur
Occupation : Farmer Income PM : 36,000 Annually
No.Of Earning Members : Only One
Any financial assistance for the same purpose if yes received from : No
/Requested elsewhere : No

EXPENSE ON TREATMENT

- Purchase of Rehabilitation Equipment
- Therapy equipment/Music equipment
- Specific Therapies/Play Therapy
- Muscle relaxant drugs
- Botox Phenol/Nerve block
- Hyperbaric Oxygen Therapy
- Reflexology
- Special Education/Speech Therapy
- Any Other/Surgeries

Total Amount Required : 4,03,900/-

I declare that the information given above is correct and complete in all respect and I am not in position to arrange funds for treatment/special education of my child.

राम बाहदुर
Signature of Parent

वरिष्ठ रेजिडेंट / Senior Resident
अस्थि रोग विभाग / Dept. of Orthopaedics
अ.भा.आ.सं. नई दिल्ली-29/A.P.S., New Delhi-29
Physician/Doctor's Signature





DEPARTMENT OF ORTHOPAEDICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

Dated 12/7/23

TO WHOM IT MAY CONCERN

This is to certify that Shri/Smt./Kum. Suviksha

S/O of Ramesh Bahadur aged 11 yrs IAHID No. 105309706

is suffering from (Diagnosis) Scoliosis

He /She has been advised surgery (12 SRS K.M)

The Cost of the IMPLANTS is Rs. 4,03,900/-

(Rupees Four ~~less~~ Three ~~thousand~~ Nine ~~hundred~~ only)

NOTE: - The cost of the prosthesis is the present market rate and is dependant on the Foreign Exchange value at the time of purchase. The DEMAND DRAFT may be issued in the name of "AIIMS PATIENT TREATMENT A/C." alongwith the COVERING LETTER from the Funding Agency and sent to the Deptt. of Orthopaedics, AIIMS, New Delhi - 110029. (For RTGS details: State Bank of India, Ansari Nagar, New Delhi-110029, Saving A/c. No.10874588593 & IFS Code of Branch: SBIN0001536)

- Patient's Personal Cheque, Demand Draft or Cash is not acceptable.
- The implants are to be made available at the time of admission / surgery.
- Estimate of the implants given above is provisional and can vary depending on the condition and requirements during operative procedures.
- Reimbursement limit of your organization/funding source may be less as compared to cost indicated above and the difference will have to be paid by the patient.

हरिश्च रेजिडेंट / Senior Resident
अस्थि रोग विभाग / Dept. of Orthopaedics
अ.भा.आ.सं. नई दिल्ली / AIIMS, New Delhi

(Dr. _____)
Counter Signature of Consultant
with Stamp

ENCL:

1. Copy of OPD Card
2. Proforma Invoice



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

अस्पताल में अन्दर धूम्रपान करना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES

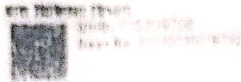


153

एकक/Unit

विभाग/Dept.

नाम/



अवधि/Expiry

C-708

अवधि/Expiry

14-07-2023

अवधि/Expiry



अवधि/Expiry

OPR-6

नं./O.P.D. Regn. No.

पता/Address

निदान/Diagnosis

Co Congenital lumbar scoliosis (L3-L4)

दिनांक/Date

उपचार/Treatment

16/8/23

HT -

PFT

215 B

PFT

8/8/23

FVC - 88%

FEV1 - 98%

PFT - 105%

Curve - not satisfactory
but parameters within normal range

(N) spirometry

No n/o any respiratory symptoms at present

No n/o IB/asthma

o/e Chest - clear

scoloric deformity +

Adv. Adv Dr. K.R. Jain

Child may be cleared for surgery from
Pediatric Pulmonology side



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अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O. AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1080 (24 hrs service)



hot on OnePlus



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B-414
PRE ANAESTHETIC CLINIC
PAC

13/07/2023

सौरभ मंगल बुध. गुरु. शुक्र.



Reporting 8:00 AM

B-414

PRE ANAESTHETIC CLINIC
PAC

13/08/2023

सौरभ मंगल बुध. गुरु. शुक्र.



New Patient Gender: P.O. Reporting 8:00 AM

Your Sr. No. is 26

3RD WING, NEW RAK OPD
AM - 12.00 Noon

CHECKUP (PAC) CLINIC

PAIN MEDICINE AND CRITICAL CARE
MEDICAL SCIENCES

-110029

105309706

Date 13/6/23

पता
Address

BMI

निदान / Diagnosis

145 cm Ht/Wt 32.2 kg

congenital lumbar

scoliosis (L3-L4)

Surg. Planned: deformity

correction + PL

PREOPERATIVE CHECK LIST

HISTORY - (Tick the relevant points)

Systemic illness : CVS RESP Endocrine
GIS CNS Others

Significant Details of the above if any

- FTNVD (home delivery) | not CIAB | H/o NICO stay x 8 days (L₀₂)

- No H/o Jaundice / cyanosis / seizures. / developmental H/o - ⊖

- no H/o previous Sx

- no active VRTI

Pregnancy

Others

CURRENT DRUGS :

Bronchodilators
Antihypertensive | nil
Antidiabetic
Any Other

ALLERGIES ⊖

Smoking | nil
Alcohol

PAST HISTORY : ANAESTHETIC IF ANY

GENERAL CONDITION : BP : Anaemia ⊖ Cyanosis ⊖ METS >4
Pulse Jaundice ⊖ Oedema ⊖ Ascites ⊖
IV Access good on both hands.



DEPARTMENT OF ORTHOPAEDICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

Dated 12/7/23

TO WHOM IT MAY CONCERN

This is to certify that Smt./Smt./Kum. Suiksha
S/D/W of Ram Bahadur aged 11 yrs UHID No. 105309706
is suffering from (Diagnosis) Scoliosis
He /She has been advised surgery (12 SRC K₂M)
The Cost of the IMPLANTS is Rs. 4,03,900/-
(Rupees Four Lacs Three Thousand Nine hundred only)

NOTE: - The cost of the prosthesis is the present market rate and is dependent on the Foreign Exchange value at the time of purchase. The DEMAND DRAFT may be issued in the name of "AIIMS PATIENT TREATMENT A/C." alongwith the COVERING LETTER from the Funding Agency and sent to the Deptt. of Orthopaedics, AIIMS, New Delhi - 110029. (For RTGS details: State Bank of India, Ansari Nagar, New Delhi-110029, Saving A/c. No.10874588593 & IFS Code of Branch: SBIN0001536)

- Patient's Personal Cheque, Demand Draft or Cash is not acceptable.
- The implants are to be made available at the time of admission / surgery.
- Estimate of the implants given above is provisional and can vary depending on the condition and requirements during operative procedures.
- Reimbursement limit of your organization/funding source may be less as compared to cost indicated above and the difference will have to be paid by the patient.

वरिष्ठ रेजिडेंट / Senior Resident
अस्थि रोग विभाग / Deptt. of Orthopaedics
अ.भा.आ.सं. नई दिल्ली-29 / AIIMS, New Delhi-29

(Dr. _____)
Counter Signature of Consultant
with Stamp

ENCL.:

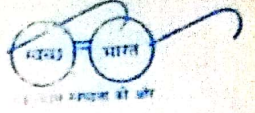
1. Copy of OPD Card
2. Proforma Invoice



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

New Patient
CLINIC No. 2181/2021
REGD. No. 1021/008/0019918

General/Ref. No.

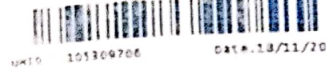
CLINIC/Unit-1

Room/Room:
C-119
Days: Thursday
Queue No.: N1
11Y मर्दाना/ए

Name: MISS SUVISHA

S/O Ram Bahadur

Ph. 7830316117



UNIT 101309706 DATE 18/11/2021

पंजीकृत सं०/O.P.D. Regn. No.

आयु
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

4/11/2021

उपचार/Treatment

m didn't come to clinic X-rays.
To review in scoliosis clinic next
week at 1:00 pm

X-ray whole spine

- AP
- lateral
- lt bending
- rt bending

(Jt pin
J12 cut)

10/3/2023

→ CDIW Dr B. Garg

Patient & family have been explained above the nature of surgery, risks & complications involved including neurovascular considerations. They have been explained that we may need to use alternative company implants instead of prescribed ones, depending upon intraoperative need. The choice of imported/Indian implants has also been discussed with the patient.

→ deformity correction + PI

(12 SRC) — B102 ms

→ PAC- 4th floor

K2M (spine)



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मेरा स्वास्थ्य
मेरा भविष्य

मेरा अस्पताल

meraaspatalaiims@gmail.com



अस्यताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्यताल के अन्दर धूमपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



अस्थि रोग विभाग
UHID 105309706
Dept No 20210080001747
Clinic No

कक्ष / Room
C-119
Unit-1
Orthopaedics
Queue No 14

OPR-6

कोरोना पंजीकृत सं/O.P.D. Regn. No.

SI/1/5573
101/PD
SI/1/5573
Add: Plot 124, Okhla, Bareilly, UTTAR
PRADESH Pin 243405, INDIA
Mob: 8803161111 New Patient General 10 Reporting 8:00 AM



भोगल, गुरु, शनि
TUE, THU, SAT

आयु
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

40. deformity of back x 1 1/2 years.
Non progressive, not associated w/ pain
No 40 trauma, TB, cancer.

PE: Skin: (N)

- Blc Saddle: Same limb.
- No flame cream.
- Lumbar scoliosis & Curvature to (C).
- No DRUG.

Adms

x: whole spine
AP
Lat
(R x L) Bending.

- 1. ccm OD.
- Calcium sachet 6000 mg / 15-days
- PE x

Dr. N. N. N



परिचरित रोगी / Senior Resident
अस्थि रोग विभाग / Deptt. of Orthopaedics
नई दिल्ली-29 / AIIMS, New Delhi-29
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शरीरमाध्य खलु धर्मसाधनम्

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

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



एक कदम स्वच्छता की ओर

एक/Unit _____
विभाग/Dept. _____

OPR-6

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No. _____

Orthopedics

CL No 0

UHID 105309703

Suviksha 10Y7M19D



पिता/पुत्र/पत्नी/पुत्री

F/S/W

Orthopedics

Queue No F50

Room C-119

JHID 105309706 / 14 09-2021



पता/Address _____

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

Congenital Lumbar Scoliosis

MRG:

Block vertebra L3-L4

L4-L5 vertebra present

Adv: Neurosurgery R/w for ^{surgical} clearance

R/w after above
on Thursday - Scoliosis
Clinic

SR



शरीरमाध्य खलु धर्मसाधनम्

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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