
RPC/4A

9382

ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that Shri/Ms Rishab Yadav Age 2yrs Gender M

s/o, D/o, W/o ... is getting treatment under Ophthalmology Dept

wide registration no. 106933187 UHID No. 106933187

is suffering from Retinoblastoma

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

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

(in words) Rupees thirty eight rupees (1,06,438/-).

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

1	INJECTION OMNIPROME/OMERON 300mg 50ml	500RS
2	THREE WAY CONNECTOR(BD)-1	268 RS
3	SHORT CONNECTING TUBES WITH 3 WAY-2	30RS
4	LONG CONNECTING TUBES WITH 3 WAY-2	43Rs
5	LUER LOCK SYRINGES 10ml/0.1ml-1	315Rs
6	MEDICUT 18G/PUNCTURE NEEDLE 18G/21G-1	226Rs
7	EXCHANGE GUIDEWIRE(TERMO) 150cm, 32 ANGLED-1	250RS
8	DOUBLE LARGE BORE Y-CONNECTOR(MERIT)-1	274R
9	FEMORAL SHEATH(ARROW) 5F X 7.5cm-1	2,284 Rs
10	ENVOY 5F-1, due	5,700RS
11	MARATHON-1/HEADWAY 21	25900Rs
12	HYBRID/MIRAGE-1	2,500Rs
13	INJECTION MELPHALON 50mg/10ml	4,700Rs
14	INJECTION TOPOTECAN 2.5mg/2.5ml	1,300R
15	INJECTION CARBOPLATIN 150mg/15ml	

27/5/25

Note:

This Estimate certificate is being issued to avail financial assistance for treatment only.

The said estimate certificate is valid and applicable to avail financial assistance from Rashtriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State Illness assistance fund, Prime Minister's Relief Fund, Health Ministers discretionary Fund, MP local area development fund, CM relief fund, and fund from other sources.

This Estimate Certificate is also applicable for Govt./PSU employees and beneficiaries of ES

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

(Name & Signature of Consultant with S

डॉ. भावना चावला / Dr. BHAVNA CHAWLA
आचार्य नेत्र विज्ञान
Professor of Ophthalmology
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences
एम्स, नई दिल्ली AIIMS, New Delhi-29

सं. 1
NO. 1

उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
नगर निगम कानपुर
NAGAR NIGAM KANPUR

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 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 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 नगर निगम कानपुर तहसील कानपुर जिला कानपुर नगर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR NAGAR NIGAM KANPUR OF TAHSIL/BLOCK KANPUR OF DISTRICT KANPUR NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: RISHABH YADAV

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
01-09-2021
FIRST-SEPTEMBER-TWO THOUSAND TWENTY ONE

जन्म स्थान/ PLACE OF BIRTH:
MERRY GOLD HOSPITAL KANPUR

माता का नाम / NAME OF MOTHER:
SHILU YADAV

पिता का नाम / NAME OF FATHER:
NEERAJ YADAV

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:
42 A, SAKRAPUR MAHADEV MANDIR ROAD KIDWAI NAGAR , KANPUR, , KANPUR , KANPUR NAGAR, UTTAR PRADESH

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENT
42 A, SAKRAPUR MAHADEV MANDIR ROAD KIDWAI NAGAR KANPUR, KANPUR , KANPUR NAGAR, UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2021: 9-90374-038959

पंजीकरण तारीख / DATE OF REGISTRATION:
21-10-2021

टिप्पणी / REMARKS (IF ANY):
20539-7-10-21-Z-2

जारी करने की तिथि / DATE OF ISSUE:
21-10-2021

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY :
रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
नगर निगम कानपुर
NAGAR NIGAM KANPUR

UPDATED ON :
21-10-2021 00:00:00

"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 "

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card

दृष्टि

अनुभाग व दिन
Section an
बुधवार व शा
Wednesday &

नेत्र विज्ञान केन्द्र


DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
UHID:106933187
Date: 21/03/2023 11:19:29 AM
CR No.:R-021929-25
Ward Name: RPC 1A
Name: MR. RISHABH YADAV
Unit In-charge: Dr. Pradeep Venkatesh
Unit-VI
ACCOUNTS-21-12123/202526
AIIMS

दिनांक DATE	निदान DIAGNOSIS
	उपचार Treatment

22/5/25

(2) CBC, LFT, RBS, PT/INR, ABG.

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.

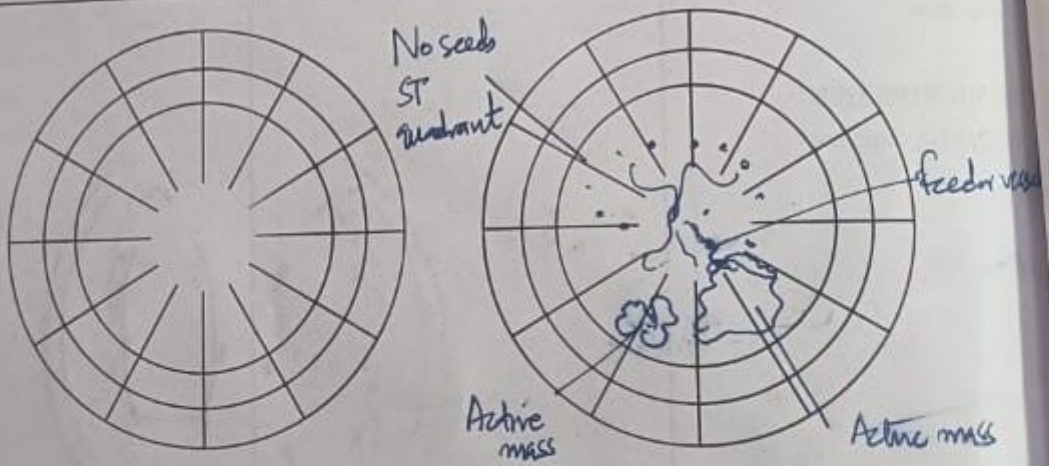
1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting

DARK ROOM EXAMINATION	RIGHT EYE	LEFT EYE
Preliminary Examination		
Refraction Under Cycloplegic	Enucleated	
OPHTHALMOSCOPY		
(i) Distance Direct		
(ii) Direct Ophthalmoscopy		
Media		Glow + Media clear
Disc, Vessels		
A. V. Crossing		
Periphery		2 active lesions & vitreous seeds.
Macula		
(iii) Indirect Ophthalmoscopy		

TREATMENT

Old file

12/2/25



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

UHID:	[illegible]	Sex :	Male
Patient Name :	Mr. RISHABH YADAV	Sample Received Date :	21-Apr-2025 [illegible] PM
Age :	[illegible]	Department :	[illegible]
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre:	[illegible]
Reg Date :	21-Apr-2025 [illegible] PM	Sample Collection Date:	21-Apr-2025 [illegible] PM
Recommended By:	Dr. Pradeep Venkatesh	Lab Reference No:	[illegible]

Sample Details : LB210425250 Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
PT (Mechanical/ Viscosity)	**12.80**	sec	13.1 - 16.3

Remarks:

1. All samples sent for coagulation must be filled till the frosted mark on the vial
2. Blood samples should not be collected from intravenous lines
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-
a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

Test Name	Result	UOM	Reference
INR	0.92		0.8-1.2
APTT (Mechanical/ Viscosity)	**27.30**	sec	28.6 - 35.8

Remarks:

1. All samples sent for coagulation must be filled till the frosted mark on the vial
2. Blood samples should not be collected from intravenous lines
3. Normal coagulation results do not exclude clotting abnormalities
4. In results above the normal range-
a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done
5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
21-Apr-2025 17:03

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and f avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on E

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

Discharge Report

PROVISIONAL DISCHARGE CERTIFICATE

UHID :	109933187	**Cr No:**	R-016843-25
Name:	Mr. RISHABH YADAV	**Department:**	R. P. Centre (Eye Centre)
Age/Sex:	3 years 7 mons 23 days / Male	**Unit:**	Unit-VI
Ward Name:	RPC 1A	**Bed No.:**	119
Address:	H.NO. 42-A, SAKRAPUR MAHADEV MANDIR ROAD, KIDWAI NAGAR, KANPUR, KANPUR NAGAR , UTTAR PRADESH, INDIA		
Mobile No:	9971987722		
Date of Admission:	19/04/2025 09:31:10 AM		
Date of Discharge :	24/04/2025 11:58:00 PM		

Drug Allergy,if any :- []

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

Diagnosis

RE ENUCLEATED
F REACTIVATED GROUP-D
RETINOBLASTOMA WITH ACTIVE SEEDS

Investigation

Systemic NO SI

Ocular .RE ENUCLEATED
LE
VA 2/60
IOP 13 MMHG
CARDIFF - 6/60 @ 50 CM

Treatment/Operative Procedure

Surgeon .DR S.B. GAIKWAD
Date 23/04/2025

Surgery .LE IAC (TRIPLE DRUG) UNDER GA

Condition at Discharge

Vision .LE 2/60
Anterior Seg. .LE
NO DISCHARGE AND CONGESTION
CORNEA CLEAR
AC FORMED
LENS CLEAR

IOP .LE 11 mmHg
Posterior Seg .LE GLOW PRESENT

Advice During Discharge

Oral
Follow Up [redacted]

Topical .BE
E/D EYEMIST QID 8-12-4-8

Position

EVA clinic for 3 week
(13/5/25
Appo advised
- 7:30 am
- SBV

Prepared By: Dr. Aniket Laxmikant

Signature Of Senior Resident

बै० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र

R. P. Centre (Eye Centre) General

UHID: 106903187
Dept. No.: 20230050106881 1Y/M
RISHAB YADAV

Date 12/06/2023
RPC OPD-Dr. SR/JR
UNDER UNIT-VI 38A
Unit-VI WED, SAT
Room No.: 38A

Address: G541 a phase 6 g block aya nagar south delhi, DELHI, INDIA
Mobile: 9910422722

अनुभाग व दिन
Section and Day **VI**
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

Soc 5/4/29/23

...न का एकक
...andon's Unit

2CB

लिंग Sex	आयु Age	पता Address

IDS

दिनांक DATE	निदान DIAGNOSIS
	? IRB.

उपचार Treatment

follows light
VA follows objects.

(LE) shining reflex noticed x 1 months (intermittent).

6/19 Corneal light reflex centred

O/E torch light

LDS ~7° HBT

27/06 Cardiff VA

cornea - clear
AC adequate.
lens - opaque clear

Term delivery by c-section H/t hyperbilirubinemia
No H/o O2 / blood transfusion.
No H/o neonatal jaundice.

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

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

Discharge Report

PROVISIONAL DISCHARGE CERTIFICATE

UHID :	10693318?	Cr No:	R-001242-25
Name:	Mr RISHABH YADAV	Department:	R. P. Centre (Eye Centre)
Age/Sex:	3 years 4 mons 14 days / Male	Unit:	Unit-VI
Ward Name:	IA	Bed No.:	122
Address:	H.NO. 42-A, SAKRAPUR MAHADEV , MANDIR ROAD, KIDWAI NAGAR, KANPUR, KANPUR NAGAR , UTTAR PRADESH, INDIA		
Mobile No:	9971987722		
Date of Admission:	08/01/2025 10:47:36 AM		
Date of Discharge :	16/01/2025 08:26:00 AM		

Drug Allergy,if any :- []

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

Diagnosis

.RE ENUCLEATED (FOR ACTIVE RECALCITRANT MULTIFOCAL GP D RB)
LE PARTIALLY REGRESSED MULTIFOCAL GROUP D RB

Investigation

Systemic .NO KNOWN SI

Ocular
.VA
RE ENUCLEATED
LE ATLEAST 6/60

IOP
RRE ENUCLEATED
LE 15 MM HG
E ENUCLEATED
LE 15 MM HG

VER
LE 5.7 uV 105 ms

CARDIFF
LE 6/38 AT 50 CM

reatment/Operative Procedure

Surgeon .UNDER DR S. GAIKWAD
Date 15/01/2025

Surgery .LE DSA INTRARTERIAL CHEMOTHERAPY (DOUBLE DRUG-MELPHALAN PLUS TOPOTECAN) UNDER GA

RE TRIAL OF PROSTHESIS DONE

ndition at Discharge

ision .RE ENUCLEATED
LE ATLEAST 6/60
terior Seg. .LE ANTERIOR SEGMENT WN
LENS CORNEA CLEAR

IOP .LE DIG NORMAL
Posterior Seg.

ice During Discharge Syp Cetrizine 2.5 mL PO OD x 5days
l SYP PCM 5 ML (125/5) TDS X 3 DAYS ---SOS
ow Up ~~AFTER 1 WEEK IN OLD~~ ONCO CLINIC 1428
MONDAY/ WED 2 PM
→ D/F EUA 2 week

Topical E/D REFRESH TEARS QID
Position

7/2/25 →
7th Floor | RPC | 8:00 AM
NPO explained { solids - 8 hrs
liquids - 4 hrs

/25

SR.

Prepared By: Dr. SOUROV BAIRAGI

Signature Of Senior Resident

व० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

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

यू०एच०आई०डी० संख्या UHID No. 10693187

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Rishab Yadav		M	1yr	

RB IOP B

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
21/1/23	Impression (LE) ST quadrant mass c/calci -fic foci c enhancemen (RE) mass superior to disc s/o c post contrast enhancement and temporally s/o RB BENIGN appearance No extraocular extension	NRC by SK Radiology

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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1. No Smoking 2. Use Dustbin 3. No Spitting

ब० रो० वि० कार्ड
O.P.D. Card

डॉ० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

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

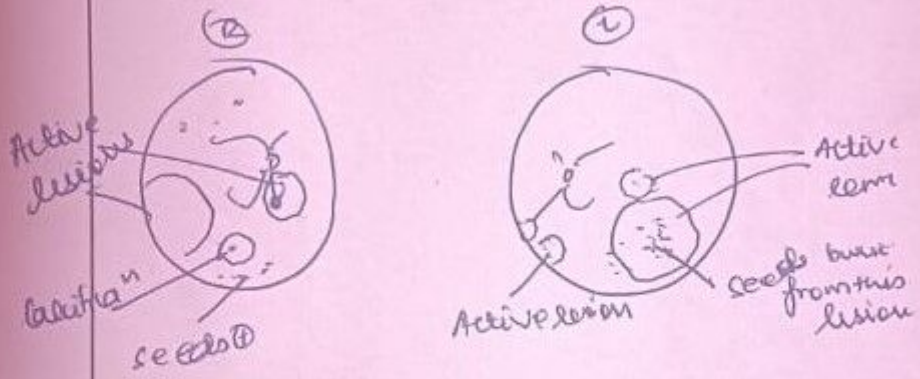
यू.एच.आई.डी. संख्या UHID No.

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
RISHABH YADAV		M	1y	

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
20/10/23	(R) gb D RB (Multifocal)	(L) gb. D RB

EUA done by Dr. Deep / Dr. Shivani



कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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ब० रो० वि० कार्ड
O.P.D. Card
नेत्र विज्ञान केन्द्र

अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

ब० रो० वि० कार्ड
O.P.D. Card
डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

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

यू०एच०आई०डी० संख्या
UHID No. 10693387

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Rishab Yadav				

दिनांक DATE	निदान DIAGNOSIS उपचार Treatment
7/03/24	(BE) Multifocal Group D RB ε LCS Plan → (LE) Intravitreal Topotecan ↓ CA Items required → Inj. Topotecan 2.5mg JR/RPC

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

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

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

यू०एच०आई०डी० संख्या
UHID No.

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
RISHABH YADAV		M	1y.	

दिनांक DATE	निदान DIAGNOSIS (R) gb D RB (Multifocal) उपचार Treatment (L) gb. D RB.
20/10/23	EUA done by Dr. Deep / Dr. Shivani

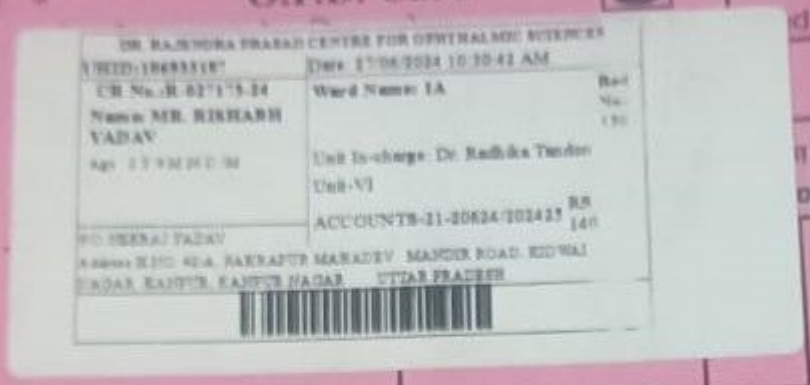
कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

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

ब० रो० चि० कार्ड
O.P.D. Card

दृष्टि

अनुभाग व दिन
Section and Day VI
कमरा नंबर
Cabin No.


DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
UHID:18693187 Date 17/06/2024 10:30:41 AM
OP No.:R 02'17'5-24
Name:MR. RISHABH YADAV
Ward Name: IA
Unit In-charge: Dr. Radhika Tandon
Unit-VI
ACCOUNTS-21-20624/202417 RS 140
S/O HEERAJ YADAV
Address: H.NO. 42-A, NAKRAPUR MARADEV MANDIR ROAD, KIDWAI NAGAR, KANPUR NAGAR, UTTAR PRADESH

दिनांक DATE	निदान DIAGNOSIS

उपचार Treatment

(B)
H/o, Group D RB

Adv

- CBC

21 Mar AIIMS - LFT/KFT

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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1. No Smoking 2. Use Dustbin 3. No Spitting

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

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

ए.पी.आर.सी. संख्या

अनुभाग व दिन
Section and Day
बुधवार व शनिवार
Wednesday & Saturday
VI

कमरा नंबर
Cabin No.

ब० रो० वि० कार्ड
O.P.D. Card

अनुभाग व दिन
Section and Day
बुधवार व शनिवार
Wednesday & Saturday
VI

कमरा नंबर
Cabin No.

R. P. Centre (Eye Centre)

(DUPLICATE)
UHID: 10693318
Opd No: 20230050106881
Clinic No.:2024/RB/31
RISHABH YADAV 3Y/M
S/O: NEERAJ YADAV

Date: 07/02/2024 General

Retinoblastoma-Dr. SR RB clinic UNDER UNIT VI
R-142B
Unit-VI
Room No.: 142

Address: H.NO. 42-A, SAKRAPUR MAHADEV , MANDIR ROAD, KIDWAI NAGAR, KANPUR, KANPUR NAGAR , UTTAR PRADESH, INDIA
Mobile: 9971987722

विभाग : डा० मधिका टंडन का एकक
Unit : Dr. Madhika Tandon's Unit

दिनांक DATE	निदान DIAGNOSIS	लिंग Sex	आयु Age	पता Address
	(R) Group DRB (L) Group D RB (Multifocal)			

उपचार Treatment

12/23

Grouping EUA done by SR-6 (Dr Anamya)

Multifocal Gp D RB

Multifocal Group D RB

कृप्या 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.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं

1. No Smoking 2. Use Dustbin 3. No Spitting

EVA ↓ Unit 6 (Dr Deepa / Dr Niranjan)
Chemo: 7 (Last May 24)
R/E Enucleated (23/10/24)
Ⓛ MAT IAC 11/9/24
– L/E IAC (M) 28/11/24.
– L/E Intravit T on 8/3/24
– L/E Intravitreal T+M on 21/5/24)
(L/E Partially regressed gp D.)

Ocular Prosthesis:

24/12/24

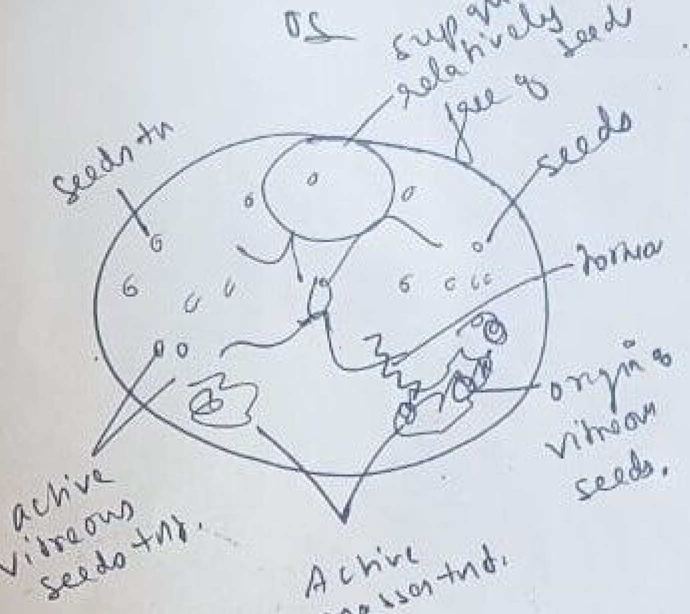
Low Vision Trial:

OD

Enucleated

23/10/24

HPE: Cut end free
c̄ No Ins, CB, sclera involvement



I/2
CBC –
LFT –
RFT –

Adv: → (L/E) Ecl nyan 2 T I D x 5 days.

→ Plan for L/E Double drug IAC + Intravitreal Topotecan. & UA.

DOA: 8/1/25
Ward IA
7:30 AM

SR

Rc-5929/24

258

ब० रो० वि० कार्ड
O.P.D. Card

दृष्टि

अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
UHID:10695318* Date: 24/04/2024 11:21:31 AM
CR No.:R-017913-24 Ward Name: 4A Bed No: 421
Name: MR. RISHABH YADAV
Age: 2 Y 7 M 23 D M
Unit In-charge: Dr. Radhika Tandon
Unit-VI
ACCOUNTS-21-5775/202425 RS 105
S/O SHEERAJ YADAV
H NO: 42-A, SARRAFUR MAHADEV MANDIR ROAD, KIDWAI NAGAR, KANPUR NAGAR, KANPUR NAGAR, UTTAR PRADESH

Unit

पता
Address

दिनांक DATE	निदान DIAGNOSIS
	उपचार Treatment

ΔBE Retinoblastoma

27
RAK

CBC
LFT
RFT.

डॉ. सुधाकला सिंह / Dr. SHAMALA SINGH
Resident
Dr. R.P. Centre for Ophthalmic Sciences
AIIMS, New Delhi

LH2504241220 106933187
LC2504241766 106933187
RISHABHYADAV

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर बा
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1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
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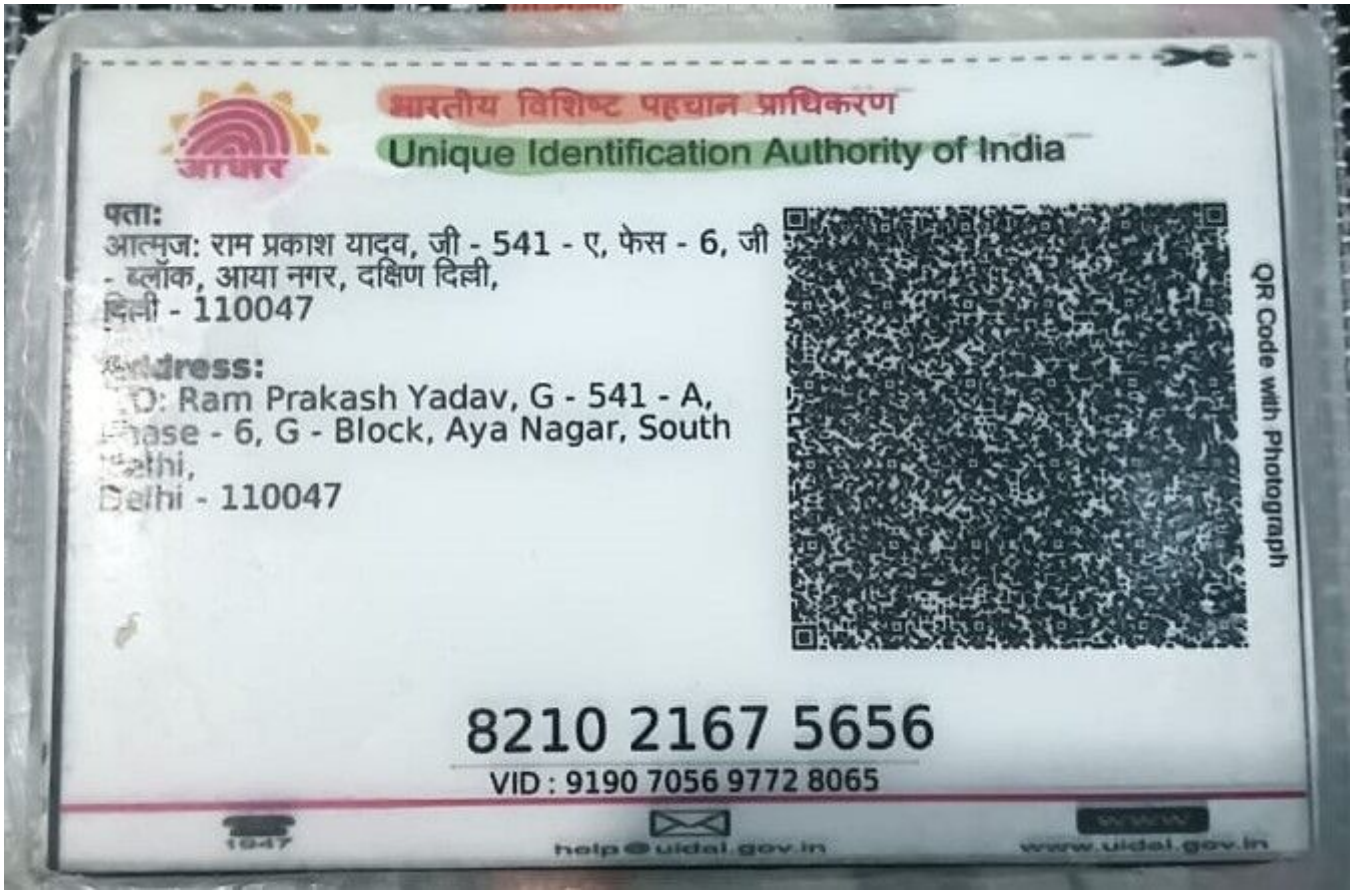
आधार
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
पता:
आत्मज: राम प्रकाश यादव, जी - 541 - ए, फेस - 6, जी - ब्लॉक, आया नगर, दक्षिण दिल्ली,
दिल्ली - 110047
Address:
S/O: Ram Prakash Yadav, G - 541 - A,
Phase - 6, G - Block, Aya Nagar, South
Delhi,
Delhi - 110047
QR Code with Photograph
8210 2167 5656
VID : 9190 7056 9772 8065
1947
help@uidai.gov.in
www.uidai.gov.in

भारत सरकार

Government of India

नीरज यादव

Neeraj Yadav

जन्म तिथि/DOB: 11/10/1991

पुरुष/ MALE

8210 2167 5656

VID : 9190 7056 9772 8065

मेरा आधार, मेरी पहचान