



Donor Name: SAIKIRAN SOCIAL WELFARE SOCIETY } 26594235  
 Phones } 26593824  
**CASH RECEIPT**  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 C.N. Centre, Ansari Nagar, New Delhi-110029

Receipt No.:  
 Received From: ACCOUNTS-14/670/201819  
 OPD/ MRD No: (Fiscal) Gamma Knife  
 ON ACCOUNT OF: MR ANMOL SAHANI ,Age :10 Yrs 7 Mths 22

05/Date:  
 Patient Type :  
 Room No. :

Days  
 103685963 ( OPD )

SI No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - GK	1	41000	41000

Printed on 05 Dec 2018 11:21:00 AM



शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode:  
 INR (Rs.):  
 Rs. in Words

Demand Draft DD No :001715, Bank :Axis Bank, Date :06/11/2018  
 DD No :406385, Bank :Corporation Bank, Date :19/11/2018  
 DD No :614251, Bank :Corporation Bank, Date :13/11/2018

146 IANKI CNC

-----  
MEDICAL RECORD

Progress Notes  
-----

01/17/2019 13:44      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

Therapeutic procedure

Surgeon : DR.DEEPAK AGRAWAL

Operative procedure: Secondary GKT

Operative findings:

Dose volume tumor	913.1 mm3 ( 90%)	receives dose >=12 gy
Dose volume tumour_TG	1.05 cm3 (003%)	receives dose >=12 gy
Dose volume AVM mm3 (%)		receives dose >=25 gy
Dose volume chiasm	1.7 mm3 (000%)	receives dose >=3.74 gy
Dose volume LTOPTN	0.6 mm3 (000%)	receives dose >=9.05 gy
Dose volume RTOPTN	1.2 mm3 (000%)	receives dose >=8 gy

Course in hospital  
-----

Uneventful

Condition on discharge:  
-----

Same as before, no pin site haematoma

Comments:

The control rate of GKT is around 70-90% over next 2-3 yrs. The status of tumour will be assessed by getting a CEMRI after 1 yr. In case of failure of GKT to resolve the tumour, patient might need to be subjected to GKT again or might need to undergo surgery.

Advice on discharge  
-----

Continue previous medication as per schedule

- Tab Emeset 4mg SOS for vomiting  $\frac{1}{2}$
- Tab Crocin SOS 500mg  $\frac{1}{2}$  SOS

Follow up in GKT OPD with prior appointment at 011-26594588 with repeat CEMRI after 1 year.

\*\*DRAFT COPY - DRAFT COPY -- ABOVE NOTE IS UNSIGNED-- DRAFT COPY - DRAFT COPY\*\*

-----  
ANMOL, ANMOL  
103-68-5963 DOB:07/03/2008

AIIMS NEW DELHI  
Pt Loc: OUTPATIENT

Printed:01/17/2019 13:55  
Vice SF 509  
-----

Gik.No - 6002

Gik 7 on 17/01/19

एम.आर.आई. प्रपत्र / MRI FORM 1  
दूरभाष सं: / Tel No. 26588500 Ext. 3614  
9264184584

C.N. CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
एन. एम. आर. विभाग / DEPARTMENT OF N.M.R.  
नैदानिक एम.आर.आई मॉग प्रपत्र / CLINICAL MRI REQUISITION FORM

MR. S  
18/6/2020  
1st 2.40pm

Clinical Dept. Or Unit ..... NS2 ..... Date of Requisition 17/1/19

OPD No. 102685983 CR No. .... Ward / Bed No. ....

2. Screening Dept. : Radio-Diagnosis  Neuro-Radiology  Cardiac Radiology

3. रोगी DEPTT. OF NI & INR C&C - AIIMS  
Anmol Sahani 10/M आयु / Age 11 लिंग / Sex M  
UHID : 103885903  
(साप) Appt. Date/Time : 18.08.1020 14.40:01  
Location : MRS/Gamma Knife

जन्म ..... माह / Month ..... वर्ष / Year ..... वजन / Weight ..... कि.ग्र. / KG

General Patient Codition (Tick as appropriate)  
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

after one year

5. Clinical Details : History : Headache & vomiting & eyes

Examinations : 1 episode of seizure  
and a caropharyngoma

Relevant Investigations : usg chest FTo + Exum on 6/7/18

Previous CT / MR / Other Reports / Studies (With number, if any) FC @ 6 yrs Recorded Game  
S/C huge on 17/01/19

6. Clinical Diagnosis : 6/10: caropharyngoma

7. Exact Anatomical site for MRI CENR2 Brain

8. Special Instruction (Sedation, Allergy or other details which may facilitate a safe and informative study)

9. (A) Contrast Enhancement Required : Yes ..... No.....

(B) Implant in Body (Tick as appropriate)  
Cardiac Pacemaker ..... Aneurysmal clips ..... Cardiac Valve/Prosthesis.....  
Metallic Implants..... Sharpnel/Pellet..... Others..... None.....

हस्ताक्षर / Signature Shubh Chak

नाम / Name)

( साफ अक्षरों में / in Block letters)

पदनाम / Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)