



28/03/2016

Adv: (R) Group E
(A) Group B

post 6 # HDCEV

post 7# INC - 1 single drug
- 2 double drug
INC

EUR (2/2/2016): (R) - flat scan
(L) - Active lesion
central regressed mass
(mixed pattern)

I/V EVA → determine whether
(L) (20/1/2015) → SR 3 ↓
(R) Ind. Vit.
Topotecan

To give 2# HDCEV

(R) cycle 7 - 15/2; 16/2/2016.
Due for cycle 8.

Adv:-

to check before

- Cbc/Rft/Lft - chemo.
- Suj. Emset 2mg + Suj. Dexa 2mg slow IV flush
- Suj. Vincristine 0.3 mg slow IV flush → D1
- Suj. Carboplatin 340 mg (100 ml) 1hr → D1
- Suj. Etoposide 150 mg / 300 ml / 2hr → D1
P2

Chemo date
21/3/26 - 22/3/26

- Suj. Gcsf 60 ug sc q 24h x 5 D5 till ANC x 2
- Suj. Emset (15) 5ml TDS \leq 7
- r. Dexa (4mg) 1/2 tab BD \leq 7 x 5d.
- RPC assessment for EVA

- cont. Septtran / 16 / Bq

- n/v in OPD - 28/03/2016 = Cbc
Rft/Lft



R/C

Shivan
SK

GSTN : UN-REGISTERED
D.L.No.:

STATE : DELHI (07)

STATE : DELHI (07)

Inv No : 25123301047
Inv Date : 13-05-2023
Time : 18:00

25123301047
13-05-2023
13-05-2023

Manufacturer Name	HSN	Batch	LR No Cases	Expiry DoM	Qty	Free Qty	MRP	Rate	Disc % Amt	Total Amt
MDS	50189019	3275244	1	09-26 XOF	1		147.00	50.25	0.00	30.25
STOPCOCK	90183990	2287377	2	09-26	2		254.00	130.79	0.00	281.67
SION 100 CM	90183990	3278259	2	09-26	2		339.00	165.68	0.00	331.36
UJ 100 ML	30063000	IOC24030					1,774.50	1,200.50	0.00	1,200.50
309628	90183100	3110454	1	08-28 100 ML	1		22.00	15.64	0.00	15.64
E 0.032 X	90181990	240417	1	04-28 XOF	1		330.00	110.64	0.00	19.96
INTRODUCER	30044010	712501218	1	03-27	1		330.00	110.64	0.00	19.96
R 5FR 90 CM	90183990	18387933	1	12-27	1		2,425.00	1,200.32	0.00	170.84
ECTED	90183990	31498829	1	10-27	1		1,224.00	910.71	0.00	1,200.32
HYBRID006D	90192090	23JMP01	1	09-27	1		12,584.60	10,673.71	0.00	810.71
	90183990	0004679	1	08-25	1		2,995.00	2,291.00	0.00	10,873.71
	90183990	00568683	1	12-27	1		63,536.00	50,215.00	0.00	2,291.00
			1	05-29	1		39,528.00	33,174.96	0.00	50,215.00
			14/0		0					33,174.96
										100,433.36

Two Thousand Two Hundred Forty Three Rupees only

taxable	5 GST%	SGST AMT	CGST%	CGST AMT
0.00	0%	0.00	0%	0.00
1,491.50	2.5%	87.28	2.5%	87.28
1,644.06	6%	5,816.60	6%	5,816.60
0.00	9%	0.00	9%	0.00
0.00	14%	0.00	14%	0.00
1,635.56		5903.88		6,903.88

User Printed By : NIDHI
User Created By : NIDHI

Checked By : _____

For IMPRES HEALTHCARE PVT LIMITED

Sub Total	SGST Amt	CGST Amt	Total
100,433.36	5,903.88	6,903.88	113,241.12



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

126

Discharge Report
PROFESSIONAL DISCHARGE CERTIFICATE

UIDD : 10776000
Name: Mr. VIKRANT VIKRANT
Age/Sex: 47 year 5 month 22 Day / Male
Ward Name: RPE, 1A
Address: VILLAGE- ATERNA, DELHI, INDIA
Mobile No: 9927031858
Date of Admission: 13/05/2025 11:11:42 AM
Date of Discharge: 22/05/2025 05:26:30 PM

Ex No: 10776000
Department: Dr. Rajendra Prasad Centre
Unit: 10776000
Bed No.: 126

Drug Allergy: If any :- []

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

Diagnosis
RE REGRESSING MULTIFOCAL GROUP A RB
LE REGRESSING GROUP E RB

Investigation
Systemic: NO ST
Ocular:
VA
RE FOLLOWS LIGHT
LE DO NOT FOLLOW LIGHT
ICP
RE DIS NORMAL
LE DIS NORMAL

Treatment/Operative Procedure
Surgeon: [Signature]
Date: 13/05/2025
Surgery: RE EUA PLUS RE TTG (By Shree / Dr. Dey / Dr. Kapur / Dr. [Signature])
POWER 280 MW
DURATION 9000 MS
REPEAT INTERVAL 30 MS
SPOTS 33

Condition at Discharge
Vision: RE 2/40, LE 2/40
Anterior Seg: RE MILD CONGESTION PRESENT, CORNEA CLEAR, AC FORMED, LENS CLEAR
Posterior Seg: RE GLOW PRESENT

Advice During Discharge
Oral Follow Up: FOLLOW UP AFTER 3 WEEK FOR EUA 7 TH FLOOR 7 30 AM ON 12/6/2025

Topical Position: [Signature]
Prepared By: Dr. Pooja Yadav Ophthalmologist
Signature Of Senior Resident: [Signature]
Date & Time: [Signature]

PLA done 1 Unit

Dr. Bhawan / Dr. Dora / Dr. Tapaswini /
Dr. Nivanyana

Total 40 HDBU (last 11/3/25)

INSTRUMENT

VALVE



@ 11/3 done

T = 280 mm

WGA Diameter = 9000 ms

R-radius = 500 ms.

spots = 82

multiple areas of active masses at periphery

partially calcified ma

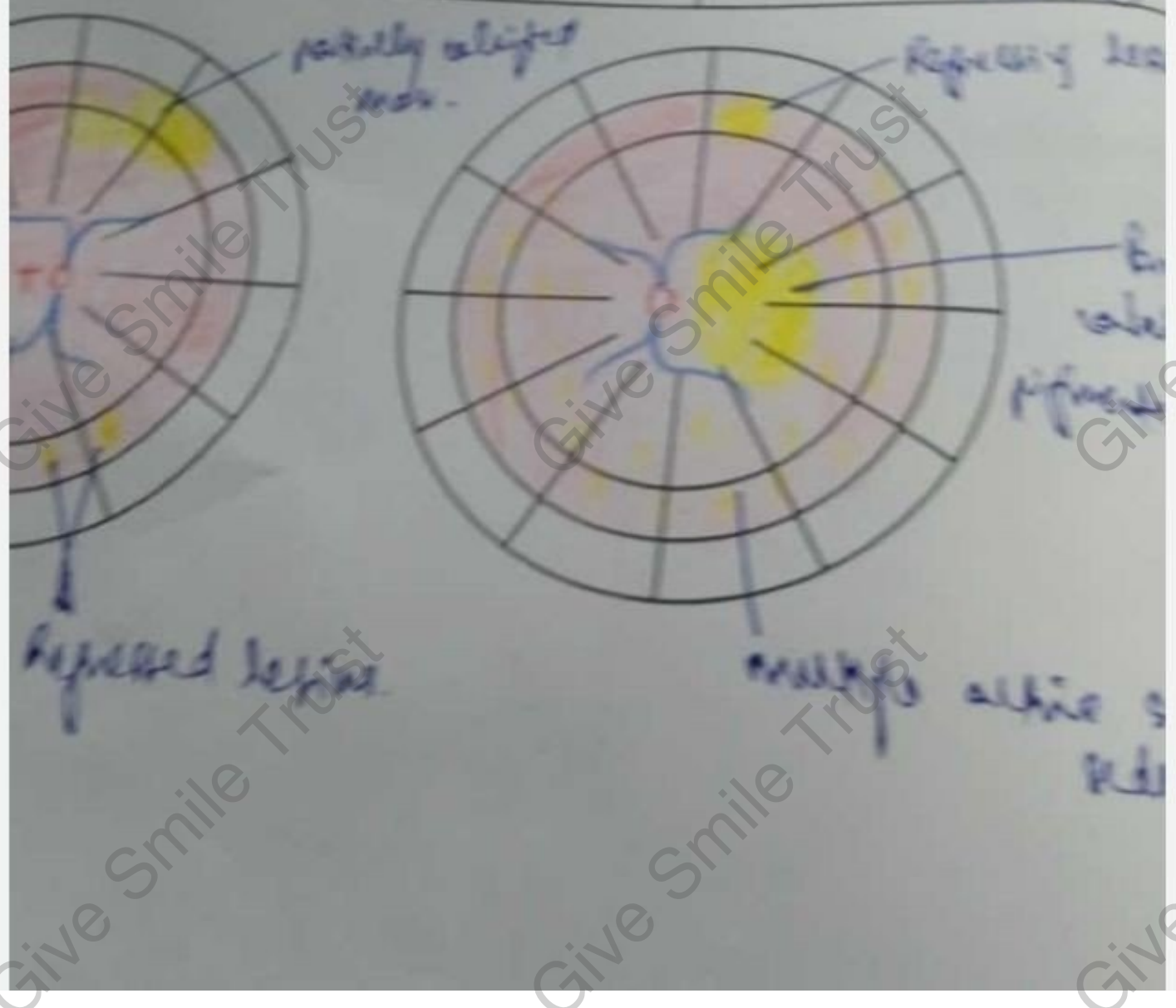
USG
Apical Height
Basal Diameter

Give Smile Trust

Give Smile Trust

Give Smile Trust

<p>Class ① Date 22/11/22 Topic: <u>①</u> ② partially alighted ③ <u>④</u> ⑤ <u>⑥</u></p>	<p>Class ① Date 22/11/22 Topic: <u>①</u> ② partially alighted ③ <u>④</u> ⑤ <u>⑥</u></p>
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Give Smile Trust

Give Smile Trust

Give Smile Trust

Follow up Visit

Date:

Previous Treatment:

- (R) Intravitreal Gp B
- (L) Gp B 1 RB

Treatment

Right Eye

Left Eye

IAC

22/4/25

EUA Last 6 (Dr Narintana)

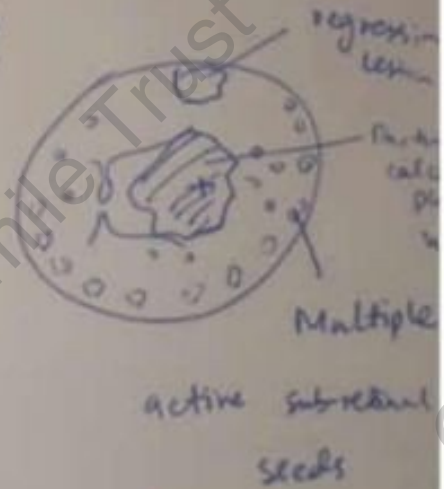
IVC

total chemo 60 last (11/3/25)

Intravitreal chemo

Plaque brachytherapy/EBRT

Photodynamic therapy /Transpupillary thermotherapy



Adv

R/D/W Dr Lomi

(82) Eld Negin (3) X 72

T 3rd floor

8am

DPO explained

(R) TTT to be done on

(L) IAC single drug

Next EUA after 4 wks

7/15/25
LORDIA
7/15/25

Wink

**ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN**

This is to certify that Shri/Ms. Virat Age 1 year Gender Male

S/o, D/o, W/o _____ is getting treatment under Ophthalmology

vide registration no. 107760350 UHID No. 107760350

is suffering from B/L Retinoblastoma

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

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

(in words): one lakh one thousand four hundred

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

1. INJECTION OMBIGON/OPMERON 300mg/50ml	1000RS
2. THREE WAY CONNECTOR(BD)	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

NOTES

- # This estimate certificate is being issued to avail financial assistance for treatment only.
- # The said estimate certificate is valid and applicable for availing financial assistance from Rashtriya Arogya Nidhi (RAN), Deel Arogya Nidhi (DAN), State illness assistance fund, Health Minister's Relief Fund, Health Minister's Discretionary Fund (HMF), MP Health development fund, CM relief fund, and fund from other sources.
- # This Estimate Certificate is also applicable for Govt. employees and beneficiaries of ESI.
- # The cheque is to be issued in favor of Director, AIMA, New Delhi.

22/09/2025
(Name & Signature of Consultant)



डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र
 Dr. Rajendra Prasad Centre for Ophthalmic Sciences
 A.I.I.M.S.
 Ansari Nagar, New Delhi-110029

Consultant

Dr. Resident By [Signature] Dr. Resident [Signature]

INSTITUTIONAL IDENTIFICATION CARD
 NAME: [Name]
 ID No.: [ID No.]
 [Barcode]

Sp. Clinic No. _____ Ward / Bed No. **126**
 Age _____ Sex _____ Nationality _____
 Family Income _____ Single / Married _____

Permanent Address _____
 Local Address _____
 Occupation _____
 D. A. F. _____ Time _____
 D. C. D. _____ Time _____
 Previous Admission / CR No. _____
 Admission-Routine / Emergency / EHS / _____

Tele No. **9927051658**

DIAGNOSIS	Primary	2nd	3rd	Code No.
Right Eye [Handwritten notes]	RE REGRESSING GROUP	MULTIFOCAL B	RE	1) No SE 2) 3)
Left Eye [Handwritten notes]	LE REGRESSING GROUP	GROUP E	RE	1) 2) 3)

Result: Cured / Relieved / Stationary / Failure _____
 X-rays No. _____
 Histopath Report No. _____
 [Handwritten initials]

15/5/22
Date:

FUA done 1 Unit 6

Dr. Bhawna / Dr. Deep / Dr. Tapaswini /
Dr. Nishayana

ASOCT

Total 6 RVDCEV (last 11/3/25)

PSOCT/OCTA

FAS/FFA



ITP done

P = 280 mW

Duration = 9000 ms

R-interval = 500 ms.

spots = 33

multiple areas of active masses at periphery

partially calcified

USG

Apical Height

Basal Diameter

CANCER

126

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



Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UHID : 11770209
Name: Mr. VIKAS VIKAS
Age/Sex: 34 year 5 month 23 days / Male
Ward Name: WIC 1A
Address: VILLAT, AYERVA, DELHI, INDIA
Mobile No: 9827014888
Date of Admission: 13/05/2025 11:11:40 AM
Date of Discharge: 13/05/2025 05:26:00 PM

Op No: 11770209
Department: Eye Centre (Eye Centre)
Unit: 1001
Bed No.: 109

Drug Allergy, if any :-

ICD Code: C38.2
ICD Description: Malignant neoplasm retina

Diagnosis
RE REGRESSING MULTIFOCAL GROUP B RB
LE REGRESSING GROUP E RB

Investigation
Systemic: NO ST
Ocular: RE FOLLOWS LIGHT
LE DO NOT FOLLOW LIGHT
IOP: RE 14, LE 14
RE IOP NORMAL
LE IOP NORMAL

Treatment/Operative Procedure
Surgeon: [Signature]
Date: 13/05/2025
Surgery: RE EUA PLUS RE TTG OF RBs bilaterally / In Desc. in capsule / In vitreous
POWER 280 MW
DURATION 9000 MS
REPEAT INTERVAL 50 MS
SPOTS 33

Condition at Discharge
Vision: RE 20/400, LE 20/400
Anterior Seg.: RE MILD CONGESTION PRESENT
CORNEA CLEAR
AC FORMED
LENS CLEAR
IOP: RE 14, LE 14
Posterior Seg.: RE GLOW PRESENT

Care During Discharge
Follow Up: FOLLOW UP AFTER 1 WEEK FOR EUA 7 TH FLOOR 7
12/6/2025
12/6/2025 11:30 AM ON

Prepared By: Dr. Pooja Yadav, Ophthalmologist

Signature Of Senior Registrar

Date

