



Please give urgent date around 5th April 2023
MR Form 1
दूरभाष नं. / Tel. No.: 00563814
28546455

INDIA INSTITUTE OF MEDICAL SCIENCES
DEPARTMENT OF N.M.R.
CLINICAL MRI REQUISITION FORM

Date of Requisition _____

UHID No. _____ Ward / Bed No. _____

2. Screening Dept. Radio-diagnosis (Tick as appropriate) Neuro-Radiology Cardiac Radiology

3. रोगी का नाम / Patient's Name _____ आयु / Age _____ लिंग / Sex _____
(भाक अक्षरों में / In Block letters)

जन्म तिथि / Date of Birth: दिन / Day _____ माह / Month _____ वर्ष / Year _____ वजन / Weight _____ कि. ग. / Kg

4. General Patient Condition (Tick as appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Asymptomatic

5. Clinical Details: History
Examinations: c/o Suprasellar mass → Pituitary astrocytoma
Post Induction chemo HCG sp Stable disease
On Maintenance chemo

Relevant Investigations
Previous CT / MR / Other Reports / Studies (with numbers, if any)

6. Blood Urea / B Creatinine _____
Clinical Diagnosis: CEMRD Brain for disease status

7. Exact Anatomical site for MRI: C-24
Card. 0.4

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

10. (a) Contrast Enhancement Required Yes No
(b) Allergic to any drugs _____
(c) Anesthet in Body (Tick as appropriate)

Cardiac Pacemaker _____ Aneurysmal clips _____ Cardiac Valve/Prosthesis _____
Metallic Implants _____ Sharpnel/Pellet _____ Others _____ (None)

12 give urgent date
14/4/22
Papers

DATE 22/9/23
OTHER INFORMATION (REMARKS)

Please give me urgent date treatment indication

DR SHIVANSA
Pediatric Onc
AIIMS, New Delhi

Signature / Name: Dr. Shivansh
Senior Resident
Pediatric Onc
AIIMS, New Delhi



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



रोगी पहचान पत्र
UHID: 105685019
Dept No: 20210030014433

कमरा / Room

OPR-6

सि

10
Unit-II
Paediatric
Queue No: F25
24/06/2023

रोगी संख्या / O.P.D. Regn. No.

आयु
Age

पता / Address

पवन कुमार
PAVAN KUMAR
14Y BM TO / M/S/RR
SIDHANOJ KUMAR
Add: VILL- AZIIPUR POST ASOPUR
GUNNOR, UTTAR PRADESH, Pin 0, INDIA

रुप. मिति



Mob: 8395178208 Follow Up... General F 0 Reporting: 10 00 AM-11 00 AM

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

(12)

19.4kg

रोगी पहचान पत्र
UHID: 105685019
Dept No: 20210030014433

कमरा / Room

C-210
Unit-II
Paediatric
Queue No: F18

पवन कुमार
PAVAN KUMAR
14Y BM 200 (M/S/RR)
SIDHANOJ KUMAR
Add: VILL- AZIIPUR POST ASOPUR
GUNNOR, UTTAR PRADESH, Pin 0, INDIA

07/06/2023

रुप. मिति

Wed, Sat (रुप. मिति)



Mob: 8395178208 Follow Up... General F 0 Reporting: 10 00 AM-11 00 AM

(13)

30.4kg
M/V
28/6/23
28/6/23

± CBC/RFT/LFT

Murch
JL

शरीरमाद्यं खलु धर्मसाधनम्



अ० मा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

उपचार विभाग
 PARIKSHA KUMAR
 10
 24/06/2023
 10:00 AM

बहिरंग रोगी पंजीकृत सं./O.P.D. Regn. No. _____
 उम्र / Age _____
 पता / Address _____

रिपोर्ट / Diagnosis

दिनांक / Date
 17

29.4kg

उपचार / Treatment

उपचार विभाग
 PARIKSHA KUMAR
 10
 07/06/2023
 10:00 AM

13

30.12
 N/V
 28/6/23
 28/6/23

CBC/RFT/LFT
 Murch
 RL



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

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



बाल चिकित्सा विभाग
UHD: 105685019
Dept No: 20210030014433

कक्षा/Room: 10
Unit-II
Paediatric
Queue No: F25
24/06/2023

पदार्थ कुमार
PAWAN KUMAR
14Y 8M 7D / M/59K
SOMANU, KUMAR
Add: VILL- AZIAPUR POST ASOPUR
GUNNOR, UTTAR PRADESH, Pin D, INDIA

बुध, शनि
Wed, Sat (बुध, शनि)

Mob: 8395178295 Follow Up: General IE 0 Reporting: 10:00 AM-11:00 AM

OPR-6

ब० रोगी व० पंजीकृत सं० / O.P.D. Regn. No. _____

आयु Age	पता/Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

(17) 29.4kg

बाल चिकित्सा विभाग
UHD: 105685019
Dept No: 20210030014433

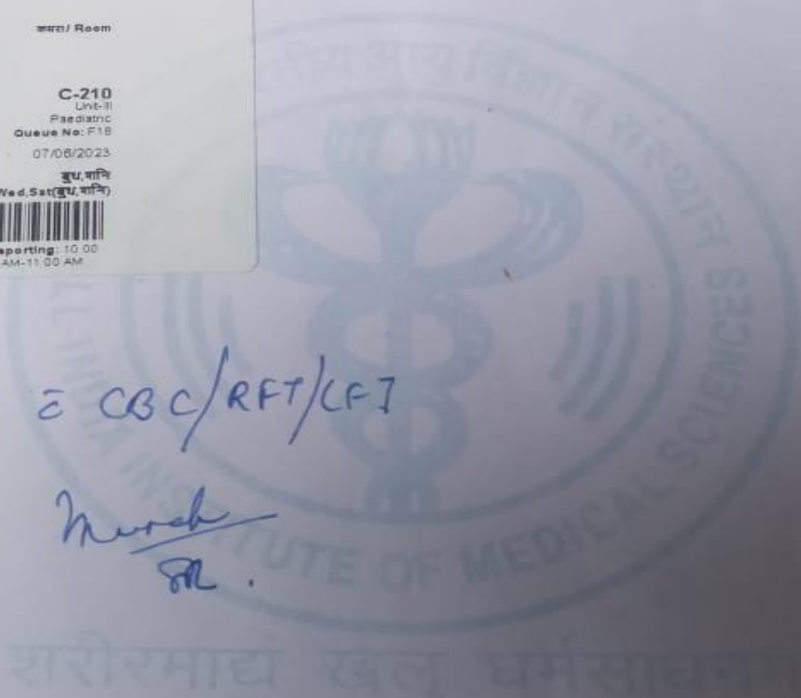
कक्षा/Room: C-210
Unit-II
Paediatric
Queue No: F18
07/06/2023

पदार्थ कुमार
PAWAN KUMAR
14Y 8M 20D / M/59K
SOMANU, KUMAR
Add: VILL- AZIAPUR POST ASOPUR
GUNNOR, UTTAR PRADESH, Pin D, INDIA

बुध, शनि
Wed, Sat (बुध, शनि)

Mob: 8395178295 Follow Up: General FO Reporting: 10:00 AM-11:00 AM

(3) 30.1kg
M/V
28/6/23 = CBC/RFT/LFT
28/6/23
Murch
श.



शरीरमाद्यं खलु धर्मसाधनम्

UNH ID: 105685019
 Dept No: 20210030014433
 10
 Line-II
 Paediatric
 Queue No: F9
 26/04/2023
 पवन कुमार
 PAVAN KUMAR
 14Y 0M 10D / M(399)
 SIVMANSI KI MARG
 Add: VILL- AZIZPUR POST ASDPUR
 GUNNOR, UTTAR PRADESH, Pin 0, INDIA
 Mob: 8385178208 Follow Up... General F 0 Reporting: 8 00 AM-8 00 AM

29/5

Adv
 • CRX, LAS, KCT - (27)
 • Next visit → 3/5/23
 1
 Pavan

LC2305232122 105685019
 LH2305231548 105685019
 PAVANKUMAR

UNH ID: 105685019
 Dept No: 20210030014433
 10
 Line-II
 Paediatric
 Queue No: F18
 03/05/2023
 पवन कुमार
 PAVAN KUMAR
 14Y 0M 18D / M(399)
 SIVMANSI KI MARG
 Add: VILL- AZIZPUR POST ASDPUR
 GUNNOR, UTTAR PRADESH, Pin 0, INDIA
 Mob: 8385178208 Follow Up... General F 0 Reporting: 8 00 AM-8 00 AM

9 29/5

UNH ID: 105685019
 Dept No: 20210030014433
 10
 Line-II
 Paediatric
 Queue No: F25
 24/05/2023
 पवन कुमार
 PAVAN KUMAR
 14Y 0M 27D / M(399)
 SIVMANSI KI MARG
 Add: VILL- AZIZPUR POST ASDPUR
 GUNNOR, UTTAR PRADESH, Pin 0, INDIA
 Mob: 8385178208 Follow Up... General F 0 Reporting: 10 00 AM-11 00 AM



भारत सरकार
Government of India



Issue Date: 27/01/2023



पवन कुमार
Pawan Kumar
जन्म तिथि/DOB: 10/07/2009
पुरुष/ MALE

2535 7710 8699

VID : 9129 4532 7986 8590

मेरा आधार, मेरी पहचान



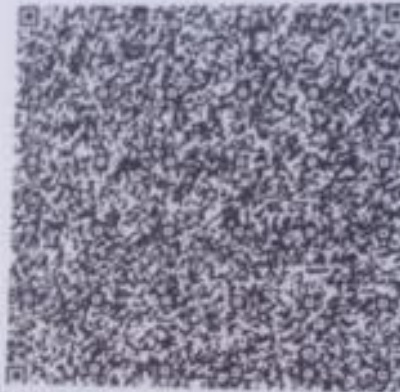
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 27/01/2023

पता:
प्लॉट: मनीज कुमार, अजीजपुर, संबल,
उत्तर प्रदेश - 202522

Address:
C/O: Manoj Kumar, Azizpur, Sambhal,
Uttar Pradesh - 202522



2535 7710 8699

VID : 9129 4532 7986 8590



1047



help@uidai.gov.in



www.uidai.gov.in