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POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

PHONE : 911202000000



NAME: ANANYA KUMARI NHM ACCOUNT

AGE/SEX: 4 YR/FEMALE

CATEGORY: NHM

SERVICE: IPD

CR No.: 981162300098996

BILL No.: 981164250093576/1

PAYMENT DT.: 24-NOV-2025 11:50:40

ADM DATE: --

IPD No.: 981162025012819

DEPARTMENT: PAEDIATRIC HAEMATOONCOLOGY/PAEDIATRIC HEMATO ONCOLOGY GEN WARD

| SN. | SERVICE | RATE | QTY. | NET AMOUNT |
|-----------------------|---|------|------|--------------|
| 1 | CBC-(PAT014) | 205 | 1 | 205.00 |
| 2 | SERUM FERRITIN-(BIO115) | 385 | 1 | 385.00 |
| 3 | PRBC FOR THALASSEMIA (ONLY CROSSMATCH CHARGES)-(TRA027) | 0 | 1 | 0.00 |
| TOTAL AMOUNT : | | | | 590.0 |

PAID AMOUNT RUPEES (IN WORD): FIVE HUNDRED NINETY ONLY

MODE OF PAYMENT: CASH

CASH: (AMT:590)

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POST GRADUATE INSTITUTE OF CHILD HEALTH
बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Noida, G.B. Nagar (U.P.) सैक्टर-३०, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.pgich.edu.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Name Ananya Age/Sex 4Y/F Regn. No. 62300098996

(4) 16/10/25

TDT

Pediatric Hematology Oncology
OPD

Serial No.: 28

Date: 16/10/25

Height: 98.4 cm

Weight: 12.7 kg

MUAC: 13.6 cm

O/E
No HSM

1. CBC

2. T. FA

3. T. Defensirox

4. COP Defensirox

5. Vit D3 + COP

6. Arrange 10 PRBC (10)

7. Admit in PHO (Thal) O/E

Sudipto

(4) 6/11/25

Pediatric Hematology Oncology
OPD

Serial No.: 36

Date: 6/11/25

Height: 96.5 cm

Weight: 13.2 kg

MUAC: 13.8 cm

O/E
No Pallor
No HSM

ADDP

Rx

① CBC

② Admit in PHO (Thal) Daycare

③ Arrange 10 PRBC (evcode plate)

④ Serum ferritin on next visit

Sudipto

ऑनलाइन फीडबैक फॉर्म
स्कैन करें और भरें।



नोट:-

- 1) टीकाकरण नियमित रूप से कराएँ।
- 2) यदि आपके बच्चे में खतरे के कोई लक्षण जैसे की सांस तेज चलना, अत्यधिक सुस्त होना, बार बार उल्टी होना, बेहोशी की हालत, दौरे पड़ना इत्यादि हो तो तुरन्त चिकित्सालय की इनरजेलसी या नजदीकी चिकित्सालय में तुरन्त बच्चे को ले जाकर दिखाएँ।

24x7 Emergency Contact No. 0120-2458000

④ 12/9/25

Pediatric Hematology Oncology

Anamys

Serial No.: 61
Date : 12/9/25
Height :
Weight : 018

TDT

Spleenomegaly ⊕

④ 6/10/25

Pediatric Hematology Oncology
OPD

Serial No.: 26
Date : 6/10/25
Height : 96.2 cm
Weight : 12.6 kg
MVA: 13.5 cm

Rx CBC

- ① Arrange 10 PRBC (leucodepleted)
- ② Admit in PHO (Thal) Day care
- ③ Rest continue same px

TDT / NO MSD

- CBC

- Arrange 10 PRBC (leucodepleted)

- Admit in PHO (Thal Day care)

- T. Folic Acid

- Vit D3 drop.

- T. Deferasirox

- C. Deferiprone

- HSM +
- Spleen - 1cm

Rudipw

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Name Ananya Age/Sex 44/F Regn. No. 6230009896

① 18/8/25

Pediatric Hematology Oncology

△ TDT

Serial No.: 70

Date: 18/08/25 P/A: spleen 4 cm ↓ axis

Height: 96cm Pallor: +

Weight: 12.4kg

MUAC - Ben

Advice

- ① CBC
- ② Arrange 10 PRBC
- ③ Admit in PNO (mal) daycare
- ④ Continue Deferasinox
Deferiprone

My

① 20/8/25

Pediatric Hematology Oncology

OPD

TDT

Serial No.: 24

Date: 20/8/25

Height: 96.2cm

Weight: 12.7kg

MUAC: 13.1cm

O/E

pallor ⊕
splenomegaly

Rx

- ① CBC
- ② Arrange 10 PRBC
- ③ Admit in PNO (mal) daycare
- ④ ~~continue~~

ऑनलाइन फीडबैक फॉर्म स्कैन करें और भरें।



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My

24x7 Emergency Contact No. 0120-2458000

(H) 24/11/25

Pediatric Hematology Oncology
OPD

Serial No.: 32

Date: 24/11/25

Height : 97.5 cm

Weight : 13.3 kg

O/E

NO HSM

Anamnesis

TDT

1. CBC, S. Ferritin
2. Admit in ptho d/c
3. T. FA
4. Cort chelators
5. 10 p RBC (20)

Sechiptw

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DEPARTMENT OF PEDIATRIC HEMATOLOGY ONCOLOGY
POST GRADUATE INSTITUTE OF CHILD HEALTH
NOIDA

NAME: ANANYA

DOA: 06/11/25

Weight: 13.2 kg

AGE: 4 Years

DOD: 06/11/25

Blood Group : O +ve

SEX: FEMALE

CR NO: 981162300098996

DIAGNOSIS:

TDT

Admitted for PRBC Transfusion

PROGRESS

Interval from last transfusion: 21 days

Last ferritin report (Date/ Value) 393 ng/ml(13/02/23), 1367 ng/ml(29/04/25),
1398 ng/ml(07/07/23), 2140 ng/ml(06/11/23), 1223 ng/ml(20/04/24), 627 ng/ml(10/11/24),
1730 ng/ml(06/03/25), 2335 ng/ml(18/07/25)

Dose of chelators

1. Deferasirox 39.3 mg/kg/day
2. Desferrioxamine Nil mg/kg/day
3. Deferiprone 39.3 mg/kg/day

TRANSFUSION DETAILS

Pre Transfusion hemoglobin 7.3/2000/1900/1.40L

Volume of PRBC transfused (total volume/ ml/kg) 1 Unit

Leukodepletion Source/ filter) LD Filter

ADMISSION DETAILS

Pulse Rate... 144/min Respiratory Rate 28/min Pallor - Icterus - HSM -

Other systems ... normal

Patient received PRBC transfusion without any difficulty

DISCHARGE ADVICE

- Tab Folic acid (5 mg) ½ tablet once a day
- Tab Deferasirox (500 mg) 1 tab once a day
- Cap Deferiprone (500 mg) 1 cap once a day
- Vit. D3 drop (400IU/ml) 1 ml once a day
- Diet as advised
- In case of fever/ vomiting / bleeding/ skin rash to come to Emergency immediately

To follow as advised in PHO OPD after 2 weeks on 20/11/25.

Discharged counseling done by (staff nurse): *Deepika*

| | | | |
|--------------------------------|--|-------------------------------------|--|
| Dr Ritika/Dr Vivek/ Dr Ajay | Dr Garima Dr Vaishnavi Dr Tanzeela | Dr Sudipto Dr Aditi Dr Kanika | Dr Nita Radhakrishnan Dr Anuj Singh |
|--------------------------------|--|-------------------------------------|--|

Junior Resident

Senior resident

Fellow in PHO

Faculty

Department of Pediatric Hematology Oncology,
PGICH, Noida



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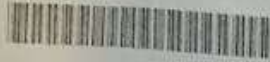
CASH: (AMT:590)

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IPD NO : 981162025012819



ADMISSION CARD

CR NO : 981162300098996



ADM DATE/TIME : 24-NOV-2025/11:48:57

NHM

NAME
AGE/GENDER
D/O
CATEGORY
ADM CHARGES
ADV CHARGES

ANANYA KUMARI NHM ACCOUNT
4 YR 6MON/F

AKHILESH KUMAR
NHM

₹100.00
RS. 250.00 /-

(RS. TWO HUNDRED FIFTY ONLY.)

PAEDIATRIC HAEMATOONCOLOGY/UNIT 1

PAEDIATRIC HEMATO
ONCOLOGY GEN WARD /CF
PHOGEN 1

EMERGENCY

HOSP DIET

MARITAL STATUS

IS MLC

MLC NO

NO

--

NO

NA

DPT/UNIT
WARD/BED

STATUS AT ADM

REFERRED FROM

PROV DIAG.

ADM. DR.

ADDRESS

REMARKS/REF NO

THALASSAEMIA [PROVISIONAL]

DR NITA PADMA KRISHNAN DR ANUJ SINGH

SECTOR 30, ALARPUR, NOIDA, UTTAR PRADESH, INDIA, BUDDHA NAGAR, UTTAR PRADESH, INDIA,

EMG CONTACT

ADM DATE

24-NOV-2025/11:48:57

WRD-RCV. DATE

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FOR MEDICO LEGAL PURPOSE

DETAILS OF
POLICE STATION

NAME OF
INFORMANT

MLC REMARKS

POLICE

INFORMATION

IDENTIFICATION

MARKS

DISCHARGE DETAILS

DISCHARGE
WARD

PROV DIAGNOSIS

DIFF DIAGNOSIS

FINAL DIAGNOSIS

CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND
TREATMENT

DISCHARGE DATE/TIME

YES

NAME & SIGNATURE OF MO

DATE & TIME

NAME & SIGNATURE OF CONSULTANT

DATE & TIME

EMG BILL ADT 9

REGISTRATION BY:

AUTHORIZED SIGNATORY

PRINT DATE : 24-NOV-2025

