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बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान
सैक्टर-30, नोएडा, 201303 गौतमबुद्ध नगर (उ.प्र.)
उत्तर प्रदेश सरकार के अधीन स्वायत्तशासी संस्थान

बाह्यरोगी पर्ची
15 दिन के लिए मान्य

C.R. No. 2400183231

नाम Arun

आयु/लिंग 7.5 M

कमरा नं०.....

दिनांक

8/9/16

पता

रोग

BAU

Pediatric Hematology/Oncology

HDMtx Cycle 3 due

(HDMtx C2)
D13

Serial No.: 55

Date: 8/9/16

Height:

Weight:

OK

no HSM.

BP: 125/105mmHg

① CBC
SGPT
S.Cr

② Admit in
Pik DC LS

③ GMP / Levamisole
Adihr 1-0-1/2
Metoprolol (25g)
Amlodipine 1-0-1
(2.5g)

④ stop Acospirin

⑤ Cardiology opinion for
anti HT

LP plan
after 72hrs

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(F)

PHO WARD AND DAY CARE

Department of Pediatric Hematology and Oncology, PGICH NOIDA

Patient Name Ansh Mishra CR No- Date 29/09/2026

S.NO	Name of Drug	Dose	Time of Medicine	Signature Of Nurse
1	Inj meropenam	350mg	+ 50mg NG	X TDS 5am - 1-9pm
2		over	1hr	
3	Inj Amikacin	150mg	X OD	6pm - (D2)
4	Inj Tercoprim	100mg	3 doses X BD	7-7 (D2)
5		then	OD	(2) (3)
6				
7	Sup. Levarg	1ml	X BD	1-4 PM
8	P. GMP	50mg (1/4)	X QID	0pm
9	P. Uraliv	150mg (1/2)	X BIDS	8-8-16
10	P. Metoprolol	25mg (1/2)	X BD	8-8
11				
12				
13	Vas + (1:100) Kef @ 30mg/hr Stop.			
14	Inj Gentamicin	2 bags	IU X TDS	12 PM (8) 8AM - 4pm
15	Sup. Naloxone	12mg/ml	5ml X BD	(N/A)
16				
17				BP - 92/64
18			Last fever -	9:10pm 101°F (28/09/26)
19				I - 300ml
20				O - 700ml
21				U - 1150ml
22				S - X

V - 1 time

Influenza RTPCR (29/9/26)
 Bill done (9am)



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 20 NOIDA, NOIDA - 201305, UTTAR PRADESH, INDIA

PHONE: 911642600000

BILLING SERVICES RECEIPT

IPD FINAL BILL (DETAILED)

NAME: LAKSHMIPRA
CATEGORY: GENERAL
CEN No.: 8811642600000000
ADM DATE: 17-AUG-2026 08:35
DEPARTMENT/WARD: PEDIATRIC HAEMATOONCOLOGY/ONCOLOGY GEN WARD

BILL No.: 981164260072089/1

IPD No.: 8811642600000000

AGE/SEX: 7 YR/MASE

SERVICE: IPD

PAYMENT DT.: 01-SEP-2026 13:32

FINAIZE DT.: 01-SEP-2026 13:31

SN	SERVICE	RATE	QTY	NET AMOUNT
1	AUTOMATED BACTERIAL CULTURE (AEROBIC) AND SENSIT -	660.00	1	660.00
2	RED CHARGES	250.00	16	4000.00
3	CBC	205.00	3	615.00
4	CR X-RAY CHEST AP	150.00	1	150.00
5	CSF - FLUID CYTOLOGY	220.00	1	220.00
6	CT SCAN THORAX	1500.00	1	1500.00
7	IGG	165.00	2	330.00
8	KFT (BLOOD UREA & CREATINE & URIC ACID)	110.00	1	110.00
9	LFT (S BIL TOTAL & BIL CONJUGATE UNCONJUGATED -	245.00	1	245.00
10	MICROSCOPY FOR TUBERCULOSIS (AFB STAINING) (MYCO -	85.00	1	85.00
11	POTASSIUM (K)	35.00	3	105.00
12	S-CREATININE	55.00	1	55.00
13	SGPT	35.00	1	35.00
14	SODIUM (NA)	35.00	1	35.00
TOTAL CHARGES:				8145.00
REBATE/DISCOUNT AMOUNT:				0.00
OVERHEAD (0%) CHARGES:				0.00
GRAND TOTAL:				8145.00

ADVANCE DETAILS

S.NO.	DATE	PAY MODE	BILL NO.	AMOUNT (IN RS.)
1	17-AUG-2026	CASH	981164260067091/1	250.00
2	17-AUG-2026	CASH	981164260067033/1	1210.00
3	17-AUG-2026	CASH	981164260067111/1	395.00
4	18-AUG-2026	---	981164260067259/1	0.00
5	20-AUG-2026	CASH	981164260067614/1	25.00
6	20-AUG-2026	CASH	981164260067961/1	370.00
7	21-AUG-2026	CASH	981164260067583/1	35.00
8	22-AUG-2026	CASH	981164260067600/1	1500.00
9	25-AUG-2026	CASH	981164260067334/1	85.00
10	29-AUG-2026	CASH	981164260070208/1	295.00
11		CASH	981164260071209/1	220.00
TOTAL ADVANCE:				4395.00
NET AMOUNT TO BE RECOVERED:				3750.00

PAID AMOUNT RUPEES (IN WORD): THREE THOUSAND SEVEN HUNDRED FIFTY ONLY

MODE OF PAYMENT: CASH
PAYMENT DETAIL: LASH (AMT:3750)

GENERATED BY

Emg Bill Adt 6
(Name & Signature)
BILL PREPARED BY

Emg Bill Adt 6
(Name & Signature)
BILL PRINTED BY

(Name & Signature)
Sr. Executive/Dy. Manager Medical Accounts



PROCEDURE NOTES

Name of patient Anch CR No 981162400183231

Diagnosis B-ALL E Progenia

Procedure name
1. LP - CT.
2.
3.

Name of doctor performing Dr. Sudeepto Name of nurse assisting 1. Riya
2.

Consent taken Yes / No Date of procedure 24/4/26
Time of procedure

Time of last meal Time of last clear fluids

Sedation (drug and dose)
1. Keta
2. midaz
3.

	Time	PR	SpO2	BP
Baseline	<u>12:05 hr</u>	<u>111/-</u>	<u>100/-</u>	<u>-</u>

The procedure was done under aseptic precautions under sedation. Pre and post procedure vitals are NAD
Samples sent.

Name and Signature of the doctor
Date and time

Patient was monitored during procedure. Pre and post procedure vitals stable. Child handed over to primary
staff nurse for rest of the management. Oral feeds allowed after reversal of sedation under monitoring.

Name and signature of the nurse
Date and time

24/4/26



PHO WARD AND OUTPATIENT CARE

Department of Pediatric Hematology and Oncology, PGICM, NOIDA

Anst.

CRN

Date 25/9/26

Name of Drug	Dose	Time of Medicine	Signature of H
IVF NS + KLP (1:100) + 20ml NaHCO ₃			1440ml / 24hr @ 60ml/hr
inj. laxix 5mg IV BD		(10-10)	(10-10)
inj. Emset 2mg IV TDS		(6-2-10)	
Syp CitralKa 5ml X BD		(10-10)	
Syp. Leversq 1ml BD		(10-10)	
Tab Udiliv 150mg 1/2 tab BD		(10-10)	
Tab Metoprolol (25mg) 1/2 Tab BD		10-10	
Tab Amlodipine (2.5mg) BD X 1 tab			
Tab EMP 50mg 1/4 X OP			
Candida mp TDS			

inj Metho 100mg (12:30 PM)

inj Leuco 7mg 26/9 (6:30 AM)

Urine PH 10 PM

2 AM

6 AM

10 AM

IV -

O -

B -

S -

Mt level on 26/09 12:30pm.

(A)

DEPARTMENT OF PATHOLOGY

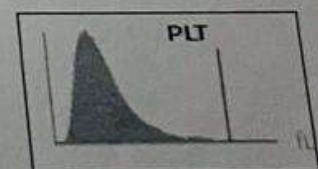
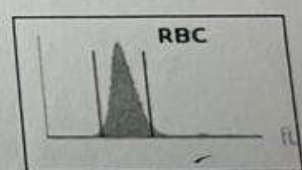
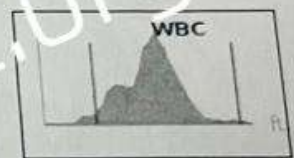
Name : ANSH MISHRA 07Y
Birth Date : POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP
Doctor : DR NITA
Comments : CBC
Operator ID : MYTHIC70
Patient ID : PHO-3231
Sample ID : AUTO_60803
Mode : DIF WB
Group : DEFAULT
EDITED

Date : 26/08/2026 08:11

Rack/Pos.: 010405

Seq# : 66469

	Results	Flags	Units	Normal Limits
WBC	9.4		$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	21.5		%	25.0 / 50.0
MON%	10.9		%	2.0 / 10.0
NEU%	66.6		%	50.0 / 80.0
EOS%	0.9		%	0.0 / 5.0
IMM%	0.1		%	0.0 / 2.0
LYM#	0.6		%	0.0 / 100.0
MON#	2.0		%	0.0 / 100.0
NEU#	1.0		$\times 10^3/\mu\text{L}$	1.0 / 5.0
EOS#	6.3		$\times 10^3/\mu\text{L}$	0.1 / 1.0
BAS#	0.1		$\times 10^3/\mu\text{L}$	2.0 / 8.0
ALY#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.4
IMM#	0.1		$\times 10^3/\mu\text{L}$	0.0 / 0.2
RBC	3.60		$\times 10^3/\mu\text{L}$	0.0 / 150.0
HGB	11.7		$\times 10^6/\mu\text{L}$	0.0 / 150.0
HCT	33.4		g/dL	4.00 / 6.20
MCV	92.8		%	11.0 / 17.0
MCH	32.5		fL	35.0 / 55.0
MCHC	35.0		pg	90.0 / 100.0
RDW-CV	10.4		g/dL	26.0 / 34.0
RDW-SD	46.9		%	31.0 / 35.5
MPV	41.5		fL	10.0 / 16.0
PCT	0.373		$\times 10^3/\mu\text{L}$	37.0 / 47.8
PDW	18.6		fL	150 / 400
PLCR	15.5		%	7.0 / 11.0
PLCC	64		%	0.200 / 0.500
			$\times 10^3/\mu\text{L}$	10.0 / 18.0
				12.0 / 42.0
				13 / 129



Pathology Information :

Pathology Remarks :

SIGN & SEAL

PRINTED ON : 26/08/2026 08:18
BY : MYTHIC70
SERIAL NUMBER: 710923-000056
LE : N
ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only
BIOLO/ADMIN
SOFT VERSION: V0.5.1-001



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

Case Summary

Ansh, a 7-year-old boy, known case of Progeria syndrome with B ALL.
Admitted for High dose Methotrexate cycle 3.

Developmental History

The child had delayed attainment of developmental milestones initially; however, at present, he has attained age-appropriate developmental milestones.

Examination on Admission

On admission, afebrile, HR 110/min, RR 24/min, BP: 98/63 mm Hg, O/E: Pallor -, RS- B/L AEE, rest systemic examination WNL

Hospital Course

Child was admitted and baseline evaluation was done, CBC -10.7/6000/2400/191k. SGPT- 25 IU/l, Creatinine- 0.3 mg/dl. After adequate hydration and alkalinization, high dose methotrexate C3, was started on 10/9/26. LP was done and IT MTx was instilled on 11/9/26. He tolerated the procedure and chemotherapy well. Serum methotrexate level was monitored and Leukovorin rescue given accordingly. The child did not have any episodes of vomiting during hospitalization and developed mild mucositis which was managed symptomatically. At present, he is hemodynamically stable, afebrile and is being discharged with advice to follow-up

PROCEDURES: LP

INVESTIGATIONS: CBC -10.7/6000/2400/191k. SGPT- 25 IU/l, Creatinine- 0.3 mg/dl

TREATMENT GIVEN: Supportive care/chemotherapy

Dr Ajay Dr Eshika Dr Lalit Dr Mariam	Dr Shubhi Gupta Dr Kirti Tripathi	Dr Kanika Yadav Dr Kartik Mehta Dr Preeti Rani	Dr Mridna Jha	Dr Nita Radhakrishnan
Junior Resident	Senior Resident	Fellow in PHO	SR, PHO	Faculty

Department of Pediatric Hematology Oncology,
PGICH, Noida

23/9/20

Pediatric Hematology Oncology
OPD

Serial No. : 46

Date : 23/9/26

Height :

Weight :

9.1 Kg

No HSM

B P - 112/63

B ALL

HDM - (4) due

Adv

- Stop Septem, Ecosprin
- Admit in PHO daycare LS
- CBC, ECGT, Chest
- HDM - (4), LP/IT
- Continue VDCA, Amlodipine, Metoprolol

mg



PANCHAJANYA HOSPITAL

Department of Pediatric Hematology and Oncology

Patient Name: Ansh

CR No:

Date: 24/09/20

Sl. No	Name of Drug	Dose	Time of Medication	Signature of Clerk
1	Syp. Leucera 1ml	BD	10-10	
2	Tab. Udiliv (50)	1/2 TDS	5-10-10	
3	Tab. Metoprolol (25mg)	1/2 Tab BD	10-10	
4	Tab. Amlodipine (2.5mg)	OD	10-10	
5	Tab. Gmp (50mg)	1/4 OD	10-10	
6	Candid MP	TDS	10-10	
7	IVF NS + 1000ml + 20ml NaHCO ₃		1440ml/24hr	
8			@ 60ml/hr	
9	Qui. Levix 5mg	IV BD	10-10	
10	Syp. Emset	2mg IV TDS	5-2-10	
11	Syp. Citraloka 5ml x BD		10-10	

Urine PH

6 AM →

10 AM →

2 PM →

6 PM →

118/72 IV → 900ml
07300ml
U → 650 4 times
S → 1 time



PHO WARD AND DAY CARE

Department of Pediatric Hematology and Oncology, PGICH NOIDA

Patient Name Ansh

CR No-

Date 26/9/26

S.NO	Name of Drug	Dose	Time of Medicine	Signature Of Nurse
1	IVF NS + KCl (1:100) + 20ml NaCl 0.9%			1440ml/24hr
2	@ 60ml/hr			
3	inj. Parix 5mg	IV BD (10-10)		
4	inj. Emset 2mg	IV TDS (6-2-10)		
5	Syr Citralka 5ml	X BD (10-10)		
6	Syr Lincara 1ml	BD (10-10)		
7	Tab Lidiliv 150mg	1/2 Tab BD (10-10)		
8	Tab Metoprolol 25mg	1/2 Tab BD (10-10)		
9	Tab Amlodipine 5mg	BD X 1 Tab		
10	Tab GMP 50mg	1/4 X OD		
11	Candide 100mg	TDS		
12				
13	inj. Leuco 7mg in 50ml NS	IV over 30 min 6hrly		
14	X 6 doses 1st dose	6:30 AM ①	12:30 AM ④	
15		12:30 PM ②	6:30 AM ⑤	
16		6:30 PM ③	12:30 PM ⑥	
17				
18				IV -
19				O -
20				U -
21				S -
22				



POST GRADUATE INSTITUTE OF CHILD HEALTH

बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान
SECTOR-30, NOIDA, G.B. NAGAR, (U.P.) / सैक्टर-30, नोएडा, गौतमबुद्ध नगर, (उ.प्र.) Website: www.ssphpgtinoida.ac.in

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

Name Ansh Mishra

Age/Sex 7Yr/male

Regn. No. 62400188231

Date 6/7/26
wt- 9.2 kg

Progeria/Prior stroke
(Hutchinsons Gilbert Progeria Syndrome)

Rx

CBC $\rightarrow$ 10.5/6400/2900/628K

LFT $\rightarrow$ 1.5/0.5/1.0/676/388/142/7.9/4.0/3.9

$\rightarrow$ Admit in PHO 4th Floor

$\rightarrow$ Start cytarabine week 4

May

6/7/26

Pediatric Hematology Oncology

Serial No. 63

Date 7/7/26

Height :

Weight :

Progeria/Prior stroke

(Hutchinsons Gilbert Progeria Syndrome)

CBC- 10.5/6400/2900/628K

LFT- 1.5/0.5/1.0/676/388/142

7.9/4.0/3.9

Rx

1) Admit in PHO 4th Floor

2) Start cytarabine week 4

3) Continue

• GMP

• Ecosprin

• Metoprolol

• Cotrimoxazole

• Clotrimazole



(F)

PHO WARD AND DAY CARE

Department of Pediatric Hematology and Oncology, PGICH NOIDA

Patient Name Ansh Mishra

CR No-

Date 28/09/26

S.NO	Name of Drug	Dose	Time of Medicine	Signature Of Nurse
1	IVF DAY (1:100) + Kef @ 30mg/h.			
2	Tab. Cefprozil 360mg X BD			10-10 - (D2)
3	T. Gmp 50mg	x 1/4 tab	X OD	6pm
4	T. Udeciv	150mg	1/2 tab X TDS	6-2-10
5	T. metoprolol (2.5mg)	1/2 tab	X BD	8-2
6	T. Amlodipine	2.5mg	X BD	12-12
7	Sup. Cefix	1ml	X BD	10-10
8	Tab. Meropenem	350mg	X TDS	6-2
9				
10				
11				
12				
13				
14				9/8/61
15				Last-few
16				105°F
17				
18				I - 940
19				O - 850
20				U - 1150
				S - 1150
				V - 1150

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उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग DEPARTMENT OF MEDICAL AND HEALTH
सामुदायिक स्वास्थ्य केंद्र भंगेल
COMMUNITY HEALTH CENTRE BHANGEL SECTOR 110 NOIDA



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रेशन अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रेशन 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 सामुदायिक स्वास्थ्य केंद्र भंगेल तहसील दादरी जिला गौतम बुद्ध नगर राज्य/राज्य 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 COMMUNITY HEALTH CENTRE BHANGEL SECTOR 110 NOIDA OF TAHSIL/BLOCK DADRI OF DISTRICT GAUTAM BUDDHA NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA

नाम / NAME: ANSH MISHRA

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
25-03-2019

जन्म स्थान / PLACE OF BIRTH:
CHC BHANGEL

TWENTY-FIFTH MARCH TWO THOUSAND NINETEEN

माता का नाम / NAME OF MOTHER:
NEHA

पिता का नाम / NAME OF FATHER:
NARENDRA MISHRA

माता का 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:

माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS:

NOIDA, DADRI, GAUTAM BUDDHA NAGAR, UTTAR PRADESH

NOIDA, DADRI, GAUTAM BUDDHA NAGAR, UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2019:

पंजीकरण तारीख / DATE OF REGISTRATION:
31-03-2019

टिप्पणी / REMARKS (IF ANY):
BTD: 30 AM

Rahul Kumar

जारी करने की तिथि / DATE OF ISSUANCE:
06-06-2019

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
सामुदायिक स्वास्थ्य केंद्र भंगेल
COMMUNITY HEALTH CENTRE BHANGEL SECTOR 110
NOIDA

UPDATED ON:
06-06-2019 13:35:12



"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 *

