

GSTIN : 08CHFPT1417E1ZG
D.L. No. : DRUG/2022-23/86327-86328

GST INVOICE

Phone : 977222536, 9024270168
E-Mail : matmeditechjpr@gmail.com

MAT MEDITECH

B-539, MURLIPURA SCHEME, OPP. JDA SHOPS, SIKAR ROAD, JAIPUR-302039 (RAJ.)

Bill To M/s B AND J PHARMA 9-A-30,RAJIV GANDHI AUDITORIUM ROAD R C VYAS COLONY, BHILWARA-311001 Phone No. : GSTIN : D.L. No. :		Original for Buyer Place of Supply : BHILWARA																							
		Invoice Detail Invoice No. : MM/02356 Invoice Date : 31-01-2025																							
		Patient Name : MURARI LAL MEENA Patient IPD No. : 68/2627																							
S.No	Item Name	Material	Size	HSN	Batch	Exp.	Qty.	Unit	MRP	Item Rate	Disc %	GST %	Amount												
1.	OC OSTEOPHIX -PK PEEK SUTURE Make : OSTEOPHIX MEDICAL PVT.L	PEEK	5.5 MM	9021	23L2451624L	11/27	2	PCS	36800.00	32000.00	0	5	64000.00												
2.	OC OSTEOPHIX KNOTLESS ANCHOR Make : OSTEOPHIX	PEEK	5.5MM	9021	25I24540261	8/27	1	PCS	36800.00	32000.00	0	5	32000.00												
CLASS	Taxable Amt.	CGST AMT.	SGST/IGST AMT.																						
GST 5 %	96000.00	2400.00	2400.00																						
GST 12 %	0.00	0.00	0.00																						
GST 18%	0.00	0.00	0.00																						
GST 28%	0.00	0.00	0.00																						
Bill amount in words : Rs. One Lakh Eight Hundred Only																									
Terms & Conditions All disputes are subject to JAIPUR Jurisdiction only. Goods once sold shall not be taken back or exchanged on any A/C. We are not Responsible for any sort of manufacturing or Technical defect breakage, if occurs during use or later. IMPLANT AND PATIENTS DETAILS ARE PROVIDED BY HOSPITAL MANAGMENTS. WE ARE NOT RESPONSIBLE FOR THAT.																									
COMPANY BANK DETAILS A/C. HOLDER : MAT MEDITECH A/C No. : 2221221543803371 IFSC CODE : AUBL0002215					BANK NAME : AU SMALL FINANCE BANK BRANCH : GOPALPURA, JAIPUR					Party Signature															
ACE & JDA SPECIALTY HOSPITAL 9-A-30, Rajiv Gandhi Auditorium Road, R.C. Vyas Colony, Bhilwara (Raj.) 311001																									
For MAT MEDITECH  Authorized Signatory																									



Discharge Ticket

UHID No	: 00002627	IPD no.	: 000068
Name	: Sh Murari Lal Meena	Age/Sex	: 47 yr. /male
Doctor	: Dr. ARUN DUNGARWAL, M.S. (ORTHO)		
Admission Date:	30-01-2025	Date of surgery:	30-01-2025
			Date of discharge: 31-01-2025

Diagnosis: Supraspinatus tear left shoulder.

History of present complain: Pt. is known DMT2 on treatment. Gradually restricted left shoulder abduction. Pt had all conservative treatment done but failed.

Condition at admission. G.C fair. Vitals stable

Radiological findings: MRI- showing supraspinatus tear left shoulder

Treatment done: Pt underwent arthroscopic rotator cuff repair double row under general anaesthesia in right lateral decubitus position through standard posterior, anterior and lateral portals after synovectomy at subacromial region. closure done with Ethilon 3-0. Betadine dressing done. The surgery was uneventful. (*Please find the labels at the back of this paper*)

Follow-up date: The patient is advised to review on 14-02-2025 or earlier if needed.

Prognosis: Good, with expected gradual improvement in shoulder mobility and pain relief

Medicines and Instruction on discharge:

Tab. Cefuroxime 500 mg 8 am-8 pm after meal x 15 days

Tab. Enzosol Plus 8 am--8 pm after meal x 15 days

Cap. Omez -D 8AM-8PM Empty stomach X 15 days

वसायुक्त, तैलीय, मसालेदार भोजन से बचें।

खूब पानी पियें, फाइबर युक्त आहार लों।

यदि दर्द बढ़ता है, बुखार या ठंड लगती है तो तुरंत नीचे दिए गए नंबरों पर अस्पताल से संपर्क करें।

876-4-21-22-23, 01482-350361 ,8107177661 पर संपर्क करें

~~BONE & JOINT MULTI-SPECIALTY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001~~

THIS PRESCRIPTION IS NOT VALID FOR MEDICO LEGAL PURPOSE

आपातकालीन/रजिस्ट्रेशन हेतु सम्पर्क करें - 876-4-21-22-23, 01482-350361

www.drarundungarwal.in bjmhbh@ymail.com

**OC OsteoFix™ PEEK Suture Anchor
with 2 pc Fiber**

Dia. 5.5mm Qty : 1 Pc

Material
Peeek & PE

11/2027

REF OC4542

STERILE EO 

LOT 23L2451624L

Mkt. By : OSTEOCARE MEDICAL PVT.LTD.

Mfg. By : SHRISHRUI MEDISYS LIMITED

Mfg. Licence No : MFG/MD/2021/000321

**OC OsteoFix™ PEEK Suture Anchor
with 2 pc Fiber**

Dia. 5.5mm Qty : 1 Pc

Material
Peeek & PE

11/2027

REF OC4542

STERILE EO 

LOT 23L2451624L

Mkt. By : OSTEOCARE MEDICAL PVT.LTD.

Mfg. By : SHRISHRUI MEDISYS LIMITED

Mfg. Licence No : MFG/MD/2021/000321

**OC HealFix™ Knotless PEEK Screw
In Suture Anchor**

Dia. 5.5mm Qty : 1 Pc

Material
Peeek & PE

08/2027

REF OC4522

STERILE EO 

LOT 25I2454O26I

Mkt. By : OSTEOCARE MEDICAL PVT.LTD.

Mfg. By : SHRISHRUI MEDISYS LIMITED

Mfg. Licence No : MFG/MD/2021/000321

BONE AND JOINT MULTISPECIALITY HOSPITAL

FIRST FLOOR, 9-A-30, RAJIV GANDHI AUDITORIUM ROAD, R C VYAS COLONY,

Contact No: 8107177661,

INDOOR BILL

Bill No	48	IPD No : 68	Bill Date	31/01/2025		
ECHS Card No			ECHS Ref. No			
Service No			Patient Type	IPD		
Patient Name	Mr. MURARI LAL MEENA		Patient Age	47Yrs 9Mth/ Male		
ESM Name			Rank of ESM			
Relation			Page Number	1		
Admn Date	30/01/2025	Time 18:57	Discharged On	// Time		
Service Date	Service Code	Service Description	Rate	Qty.	Discount Amt.	Amount
INDOR						
//		ADMISSION CHARGE	X	1	0.00	
//		BED CHARGE - DELEX ROOM 1	X	1	0.00	
//		DOCTOR VISIT	X	1	0.00	
//		NURSING CHARGE	X	1	0.00	
					Group Total	
					Group Discount	0.00
					Net Group Total	
OPERATION						
//		ANESTHESIA CHARGE	X	1	0.00	
//		ANESTHESIA CHARGE	X	1	0.00	
//		IMPLANT CHARGES	100800.00	X 1	0.00	100800.00
//		OT CHARGES	X	1	0.00	
//		SURGERY CHARGES	25896.00	X 1	0.00	25896.00
					Group Total	126696.00
					Group Discount	0.00
					Net Group Total	126696.00
OTHERS						
//		Medicine	X	1	0.00	
					Group Total	
					Group Discount	0.00
					Net Group Total	
X-RAY						
//		X RAY CHEST	X	1	0.00	
					Group Total	
					Group Discount	0.00
					Net Group Total	
					Grand Total	126696.00
					Discount	0.00
					Net Grand Total	126696.00

BONE & JOINT MULTI-SPECIALTY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C.Vyas Colony, Bhilwara (Raj.) 311001

For BONE AND JOINT MULTISPECIALITY HOSPITAL



BONE AND JOINT
Multispecialty
HOSPITAL

बोने एंड जॉइंट



मल्टिस्पेशलिटी हॉस्पिटल, भीलवाड़ा

First Floor, 9-A 30, Rajiv Gandhi Auditorium Road, R C Vyas Colony,
Bhilwara, Rajasthan 311001

Lab Serial No.	: 012501004326	Reg. No.	: 331161
Patient Name	: Mr. MURARI LAL MEENA	Registration Date Time	: 30/Jan/2025 06:55 PM
Referred by	: Dr. ARUN DUNGARWAL	Sample receipt date	: 30/Jan/2025 07:01PM
Age/Gender	: 47 Y 0 M 0 D /Male	Report Date	: 30/Jan/2025 07:09PM
Source By	: BONE & JOINT MULTISPECIALTY HOSPITAL	Report printed on	: 30/Jan/2025 07:39PM

Address :

Barcode No. HAEMATOLOGY

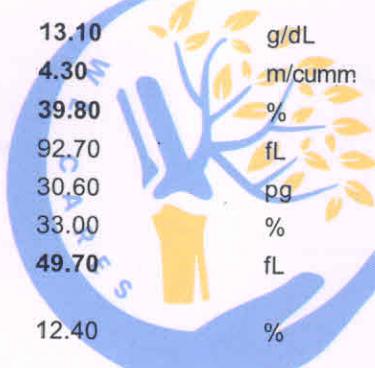
10257C



Test	Result	Units	Biological Reference Interval
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COMPLETE BLOOD COUNT

Haemoglobin (Hb), <i>SL</i>	13.10	g/dL	14.0 - 18.0
Total RBC Count, <i>Impedance</i>	4.30	m/cumm	4.60 - 6.00
Haematocrit, <i>RBC Pulse High detection</i>	39.80	%	40 - 54
Mean Cell Volume, <i>Calculated</i>	92.70	fL	80 - 94
Mean Cell Haemoglobin, <i>Calculated</i>	30.60	pg	26 - 32
Mean Cell Haemoglobin Conc, <i>Calculated</i>	33.00	%	32 - 36
Red Cell Distribution Width (RDW) - SD, <i>Calculated</i>	49.70	fL	39.0 - 46.0
Red Cell Distribution Width (RDW) - CV, <i>Calculated</i>	12.40	%	11.5 - 14.5



Total Leucocyte Count,*Impedance*

Differential Leucocyte Count

Neutrophils, <i>Flow Cytometry</i>	58.00	%	50 - 70
Lymphocytes, <i>Flow Cytometry</i>	35.00	%	18 - 42
Monocytes, <i>Flow Cytometry</i>	4.00	%	2 - 10
Eosinophils, <i>Flow Cytometry</i>	3.00	%	1 - 6
Basophils, <i>Flow Cytometry</i>	0.00	%	0 - 1

Absolute Leucocyte Count

Neutrophils., <i>Flow Cytometry</i>	2.50	thou/cumm	2.0 - 7.0
Lymphocytes., <i>Flow Cytometry</i>	1.50	thou/cumm	1.0 - 3.0
Monocytes., <i>Flow Cytometry</i>	0.16	thou/cumm	0.2 - 1.0
Eosinophils., <i>Flow Cytometry</i>	0.12	thou/cumm	0.0 - 0.5
Basophils., <i>Flow Cytometry</i>	0.00	thou/cumm	0.0 - 0.1
Platelet Count,<i>Impedance</i>	247.00	thou/cumm	150.00 - 450.00
Mean Platelet Volume, <i>Calculated</i>	10.40	fL	8 - 11

SAMPLE TYPE : WHOLE BLOOD

Test has been performed on electronic cell counter with microscopy. Differential and Absolute Leucocyte Counts by microscopy and Flow Cytometry.

*** End of Report ***

Test done from collected sample

*P. Vyas*

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www.drarundungarwal.in dr.arundungarwal@gmail.com



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First Floor, 9-A-30, Rajiv Gandhi Auditorium Road, R C Vyas Colony,
Bhilwara, Rajasthan 311001

Lab Serial No.	: 012501004326	Reg. No.	: 331161
Patient Name	: Mr. MURARI LAL MEENA	Registration Date Time	: 30/Jan/2025 06:55 PM
Referred by	: Dr. ARUN DUNGARWAL	Sample receipt date	: 30/Jan/2025 07:01PM
Age/Gender	: 47 Y 0 M 0 D /Male	Report Date	: 30/Jan/2025 07:22PM
Source By	: BONE & JOINT MULTISPECIALITY HOSPITAL	Report printed on	: 30/Jan/2025 07:39PM

Address :

Barcode No. : 102570

CLINICAL BIOCHEMISTRY



Test

Result

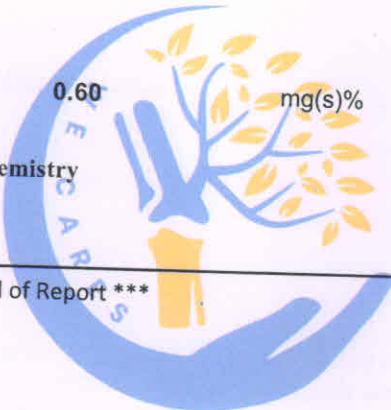
Units

Biological Reference Interval

CREATININE

Creatinine, Enzymatic- IFCC-IDMS Standardized.
SAMPLE TYPE : SERUM

The Test has been done on Vitros-250 Dry Chemistry
(Ortho Clinical Diagnostics J&J)



*** End of Report ***

0.66 - 1.25

BONE AND JOINT

Multispecialty
HOSPITAL

Test done from collected sample



Puray

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First Floor, 9-A-30, Rajiv Gandhi Auditorium Road, R C Vyas Colony,
Bhilwara, Rajasthan 311001

Lab Serial No. : 012501004326
 Patient Name : Mr. MURARI LAL MEENA
 Referred by : Dr. ARUN DUNGARWAL
 Age/Gender : 47 Y 0 M 0 D /Male
 Source By : BONE & JOINT
 MULTISPECIALITY HOSPITAL
 Address :

Reg. No. : 331161
 Registration Date Time : 30/Jan/2025 06:55 PM
 Sample receipt date : 30/Jan/2025 07:01PM
 Report Date : 30/Jan/2025 07:21PM
 Report printed on : 30/Jan/2025 07:39PM

Barcode No.
SEROLOGY : 10257C



Biological Reference Interval

Test

Result

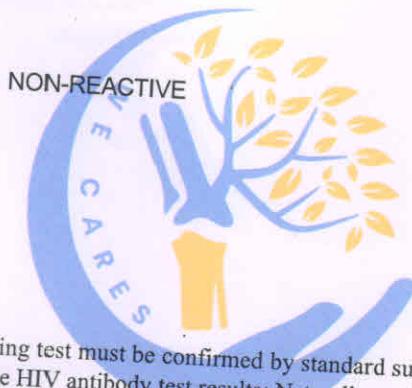
Units

Non-Reactive
Reactive

HIV CARD

HIV Card, Immunochromatography

SAMPLE TYPE : SERUM



Remarks:-

Sample found to be reactive by the above screening test must be confirmed by standard supplemental assay, like western blot. Following factors are found to cause false positive HIV antibody test results: Naturally occurring antibodies, passive immunization, Leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpes simplex, Hypergamma-globulinemia, Malignant neoplasms, Rheumatoid arthritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple Myeloma, Haemophilia, Heat treated Specimens, Lipemic serum, Anti-nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

BONE AND JOINT

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HOSPITAL

Test done from collected sample



Rajay

आपालकालीन / रजिस्ट्रेशन हेतु सम्पर्क करें - 876-4-21-22-23

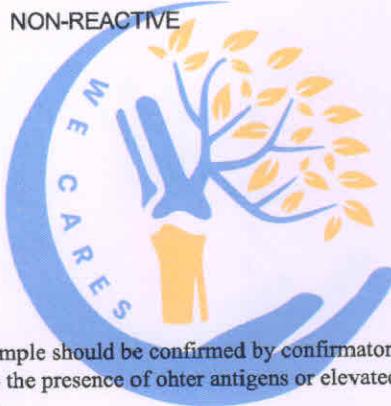
• www.drarundungarwal.in • dr.arundungarwal@gmail.com

Lab Serial No.	: 012501004326	Reg. No.	: 431161
Patient Name	: Mr. MURARI LAL MEENA	Registration Date Time	: 30/Jan/2025 06:55 PM
Referred by	: Dr. ARUN DUNGARWAL	Sample receipt date	: 30/Jan/2025 07:01PM
Age/Gender	: 47 Y 0 M 0 D /Male	Report Date	: 30/Jan/2025 07:37PM
Source By	: BONE & JOINT MULTISPECIALITY HOSPITAL	Report printed on	: 30/Jan/2025 07:39PM
Address	:	Barcode No.	: 102570
Test	SEROLOGY	Units	Biological Reference Interval

HBSAG (AUSTRALIA ANTIGEN) BY CARD

HBsAg (Australia antigen), Immunochromatography

SAMPLE TYPE : SERUM



Non-Reactive
Reactive

Remarks:-

1. This is only a Screening test. All reactive sample should be confirmed by confirmatory test.
2. False positive results can be obtained due to the presence of other antigens or elevated levels of RF factor.
This occurs in less 1% of the sample tested.

BONE AND JOINT
*** End of Report ***
Multispecialty
HOSPITAL

Test done from collected sample



Rajar



Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road RC Viyas Colony
Bhilwara, Rajasthan 311001

**NURSING
NOTES**

Patient Name:-	Muzamil Moeen	UHID No:- 2687 IPD No:- 68	Age/Sex:- 42 Male		
Consultant Name:-	Dr. Arun Kumar Jaiswal	Dep't:- Ortho Delfex Ward/Room:- 100	Diagnosis:-		
Date & Time	Notes		Name & Signature		
<p style="text-align: center;">Morning Round Notes</p> <ul style="list-style-type: none">→ Pt. comfortable position→ Pt. vital signs checked record→ Pt. Doctor round done→ Pt. dressings done→ Pt. ORIG Ahmed - liquid diet→ All treatment done Ajhey 9-1-25 12pm					
<p style="text-align: right;">Medical Officer Duty Bone And Joint Multispecialty Hospital 9-A-30, Rajiv Gandhi Auditorium Road Bhilwara, Raj.</p>					

Note:- Each entry be with Signature, date & Time



Bone And Joint Multispecialty Hospital
 9-A-30, Rajiv Gandhi Auditorium Road RC Viyas Colony
 Bhilwara, Rajasthan 311001

**NURSING
NOTES**

Patient Name:-	Muzarial Meena	UHID No:- 2687	IPD No:- 68	Age/Sex:-
Consultant Name:-	Dr. Arun Dungarwal	Dep't:- Ortho	Dept/Room:- Delexior	Diagnosis:-
Date & Time	Notes			Name & Signature

Evening Duty Notes

- Pt vital sign checked Record
- Pt comfortable position done
- Pt all treatment done
- Pt all investigation done
- Pt ECG done
- Pt all consent done
- Pt. is NBM
- Pt today OT plan

Azhar

30-1-25

Medical Officer Duty P.M.
 Bone And Joint Multispecialty Hospital
 9-A-30, Rajiv Gandhi Auditorium Road
 Bhilwara-Raj.

Night Duty Notes

- Pt. Comfortable position done
- Pt. OT done
- Pt. All Treatment done
- Pt. Vital Sign checked Record
- Pt. Doctor Round done
- Pt. Consence done P.
- Pt. Non Complain

Anil

30/1/25

Medical Officer Duty
 Bone And Joint Multispecialty Hospital
 9-A-30, Rajiv Gandhi Auditorium Road
 Bhilwara-Raj.

Note:- Each entry be with Signature, date & Time



Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road RC Viyas Colony
Bhilwara, Rajasthan 311001

**NURSING
MEDICATION
CHART**

Patient Name:- Muzarilal meeha UHID No:- 2627 IPD No:- 68 Age/Sex:- 47 + male *
 Consultant Name:- Dr. Arun Dungarwal Dep't:- Ortho ^{Dexa} Ward/Room:- Room Diagnosis:-

MEDICINES	Dose	Route	Freq.	Date							
				Time	Sign	Time	Sign	Time	Sign	Time	Sign
INJ RL 500 ml	500 ml	IV		8:30 ^{pm}	Aches						
+ INJ Tramadol		IV		8:30 ^{pm}	Aches						
INJ Cefotaxime 1.5 gm		IV		8:30 ^{pm}	Aches						
INJ Amikacin 500 mg		IV		8:30 ^{pm}	Aches						
INJ Dexamethasone Ac		IV		2: AM	Aches						
31/1/25											
INJ RL 500 ml		IV		12: Am	Amil						
INJ Tramadol		IV		12: Am	Amil						
INJ Cefotaxime 1.5 gm		IV		12: Am	Amil						
INJ Amikacin 500 mg		IV		12 Am	Amil						
INJ Dexamethasone Ac 50 mg		IV		12 Am	Amil						
INJ Cefotaxime 1.5 gm		IV		8 Am	Amil						
INJ Amikacin 500 mg		IV		8 Am	Amil						
INJ RL 500 ml		IV		8 Am	Amil						
+ INJ Tramadol		IV		8 Am	Amil						
INJ Dexamethasone Ac		IV		10 Am	Aches						

Medical Officer Duty
 Bone And Joint Multispecialty Hospital
 9-A-30, Rajiv Gandhi Auditorium Road
 Bhilwara-Raj.



बोन एण्ड गॉर्ड

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
आर.सी.व्यास कॉलोनी, भीलवाडा-३११००१
www.drarundungarwal.in
876-4-21-22-23

Form No.: 33

(to be filled By Nurses)

CHECK LIST OF REFUND ITEMS TO PATIENT

Name Museri de Meena Date 30/1/25

Age 41 Sex: Male Female

IPD No.: 68

Consultant Name : Dr. Arun Dungarwal Room/Bed No. Deluxe 2

S.No.	Items	Description / Details	Quality	Remarks if any
1	Gold/Diamond Ornament गहने			
2	Cash रोकड़ पैसे			
3	Dress कपड़े			
4	Shoes जूते चप्पल			
5	Pt's Old Record पुरानी जाँच रिपोर्ट			
6	Mobile			
7	Misc Items			
8				
9				
10				

Handed over by staff nurse (Name & Signature)

(स्टॉफ जिसे वस्तुए सोपी)

handed over to (Name)

(जिसने वस्तुए ली)

Relation with patient,.....

(मरीज से संबंध)

We have taken all above items from the hospital pertaining to our patient

हमने हमारी मरीज की सारी वस्तुए प्राप्त की

If due to any reason Patient / Relatives refuse to part with the jewellery/valuables the management will not be responsible for the loss of any such jewellery / cash / any type of valuables left with the patients

Date..... Time..... Signature of person taking over the items.....



बोन एण्ड जॉर्ड

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
आर.सी.व्यास कॉलोनी, भीलवाड़ा-३११००१
www.drarundungarwal.in
876-4-21-22-23

CONSULTANT'S TREATMENT ORDERS

UHID: 2621 Room No. Date 30/1/25

Name of the Patient Muzari Lal Meena Age/Sex 47/M

Use this Sheet to order treatment:

31.01.2025 - 10:00 AM -

CFS/Big orthopaedic surgery -

- PHS comfortable.
- sitting in Bed
- minimal pain (1) shoulder
- NO soabage
- pt orally taken / Breakfast done.
- NO neurosensory deficit.

Add

Pt can be discharged -

Ar

Signature of the Consultant :



Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road RC Viyas Colony
Bhilwara, Rajasthan 311001

NURSING MONITORING SHEET

Patient Name:- Muzarrsal Meena UHID No:-2627 IPD No:- 68 Age/Sex:- 47yrs male
 Consultant Name:- Dr. Arun Dangarwal Dep't:- Ortho Ward/Room:- Delex 10am Diagnosis:-

Medical Officer Duty
Bone And Joint Multispecialty Hospital
9-A-30 Rajiv Gandhi Auditorium Road
Bhilwara-Raj.



बोन एण्ड जॉर्ड

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
आर.सी.वास कॉलोनी, भीलवाडा-३११००१
www.drarundungarwal.in
876-4-21-22-23

Date : 30/11/23 Time : _____

Name of the Patient Meenakshi Meena

UHID: 2627 Unit No.

Diagnosis:.....

Indications of transfusion:.....

Patient's Blood Group: History of Previous BT: Yes/No

Adverse Reaction during previous transfusion & nature:

1st Transfusion Date:

Blood Bag No.: Product's Blood Group: Product's Name

(PL. encircle): Whole Blood/RBC/PRP/FFP/PCV/CPP/Cryoprecipitate/ Compatibility Y/N

Name of the Blood Bank: Date of collection:

Date of expiry: Blood Checked by the MO: Signature Nurse :

Nurse: Signature: ID No:

BT Started at..... T stopped/finished at.....

No Adverse Reaction Adverse Reaction, See backside

2nd Transfusion Date:

Blood Bag No.: Product's Blood Group: Product's Name

(PL. encircle): Whole Blood/RBC/PRP/FFP/PCV/CPP/Cryoprecipitate/ Compatibility Y/N

Name of the Blood Bank: Date of collection:

Date of expiry: Blood Checked by the MO: Signature Nurse :

Nurse: Signature: ID No:

BT Started at..... T stopped/finished at.....

No Adverse Reaction Adverse Reaction, See backside

3rd Transfusion Date:

Blood Bag No.: Product's Blood Group: Product's Name

(PL. encircle): Whole Blood/RBC/PRP/FFP/PCV/CPP/Cryoprecipitate/ Compatibility Y/N

Name of the Blood Bank: Date of collection:

Date of expiry: Blood Checked by the MO: Signature Nurse :

Nurse: Signature: ID No:

BT Started at..... T stopped/finished at.....

No Adverse Reaction Adverse Reaction, See backside



IN CASE OF ADVERSE REACTION (PL, ENCIRCLE APPROPRIATELY)

- **Minor reaction:** Fever / Chills/Skin Rash/Urticanas/Bodyache
- **Major reaction:** Chest Pain / breathlessness / Decreased Urine Output
- **Time of onset of Adverse Reaction:**
- **Treatment Given:**

- **Outcome :**

- **Action taken:** Blood Bag - (Rechecked/ New issued) / Blood Sample (Plain & EDTA)

Urine sample

ENCLOSE BLOOD BAG STICKER:



OPERATIVE FINDINGS AND PROCEDURE

- Double row repair done & PEEK.
Anchor: 5.5 mm.
- Suture passed through tendon by suture passer and tied securely.
- Haemostasis achieved -.
- Portal closed & return 30.
- PT shifted to ward in stable condition
- surgical procedure was uneventful.

डॉ. अरुण इंग्रज्याल
एम.बी.बी.एस., एम.एस.(ऑर्थो)
कन्सलटेन्ट ज्वाइन्ट रिस्लेसमेन्ट
ऑर्थोस्कोपी एण्ड ट्रोमा सर्जन
REG. No. 25001/13414
Mob. 8107177661

Dr. Arun Ingryal
Orthopedic Surgeon
MBBS, MS, MSc (Ortho)
Consultant Joint Reconstruction
Arthroscopy and Trauma Surgeon
Reg. No. 25001/13414
Mob. 8107177661

POST OPERATIVE ORDERS

Date	Order	Remarks
	Keep NPO for 02hrs	
aiy.	R/L room + iv fluids of camp IV MM	
aiy.	Cefuroxime 1.5 gm IV MM	
aiy.	Anitkoeru 500mg IV MM	
aiy.	Dzmapn 0.5g IV MM	
<i>Review after 800</i>		

Date: 20/01/2016

डॉ. अरुण रुग्रवाल
एम.बी.बी.एस., एम.एस.(ऑथर्ड)
कन्सलटेन्ट ज्वाइंट रिप्लेसमेन्ट
ऑथोर्स्कोपी एण्ड ट्रोमा सर्जन
REG. No. 25001/13414
Mob. 8107177861

Signature of Surgeon / Assistant Surgeon



Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road RC Viyas Colony
Bhilwara, Rajasthan 311001

Operative and Post-Operative Notes
(To be filled by Doctor)

Name of Patient Murari Lal Meena Age/Sex 47/yr/male
UHID No. 2627 IPD No. 68 Date of Admission 30/01/2025.
Room/Ward No. Delixy A/c Consultant Dr. Arun Dungarwala.
Department : Orthopaedics.

Date of Surgery 30. 01. 2025 Start Time 10.00 AM End Time 11.30 PM -

Pre Operative Diagnosis R.C tear Surgeon Arun Dungarwala
Post Operative Diagnosis Supraspinatus Anaesthetist Ajai Patel.
Name of Procedure R.C Repair - tear Scrub Nurse Prem Choudhary.
Type of Anesthesia General Anaesthesia Assistants Vinod Khatri -
Operative Steps

- ↓ CEA. Pt made Right lateral decubitus position.
- Left arm / shoulder prepared and draped in sterile fashion
- Posterior portal made
- Diagnostic arthroscopy done
- supraspinatus tendon found fully torn from bone & slight retraction in joint -
- subacromial decompression and synovectomy done -
- Greater tuberosity debrided for tendon repair

Stickers | Barcode } Labels

Mfg. Licence No : MFG/M/02021/000321

OC OsteoFix™ PEEK Suture Anchor with 2 pc Fiber		Material Peeek & PE
Dia.	5.5mm Qty : 1 Pc	<input checked="" type="checkbox"/> 11/2027
REF	OC4542	STERILE EO (2)
LOT	23L2451624L	
Mkt. By : OSTEOCARE MEDICAL PVT.LTD.		
Mfg. By : SHRISHRIUMEDISYS LIMITED		
Mfg. Licence No : MFG/M/02021/000321		

Mfg. Licence No : MFG/M/02021/000321

OC OsteoFix™ PEEK Suture Anchor with 2 pc Fiber		Material Peeek & PE
Dia.	5.5mm Qty : 1 Pc	<input checked="" type="checkbox"/> 11/2027
REF	OC4542	STERILE EO (2)
LOT	23L2451624L	
Mkt. By : OSTEOCARE MEDICAL PVT.LTD.		
Mfg. By : SHRISHRIUMEDISYS LIMITED		

Mfg. Licence No : MFG/M/02021/000321

OC HealFix™ Knotless PEEK Screw In Suture Anchor		Material Peeek & PE
Dia.	5.5mm Qty : 1 Pc	<input checked="" type="checkbox"/> 08/2027
REF	OC4522	STERILE EO (2)
LOT	25I2454O26I	
Mkt. By : OSTEOCARE MEDICAL PVT.LTD.		
Mfg. By : SHRISHRIUMEDISYS LIMITED		
Mfg. Licence No : MFG/M/02021/000321		

BONE & JOINT AUTO-REGULATORY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhillwara (Raj.) 311001

HIGH RISK CONSENT FOR ADMISSION & TREATMENT

भर्ती एवं इलाज के लिए सहमति प्रपत्र

मैं /हम..... रोगी..... मुरारी लाल भिंगा का
पुत्र/पिता/माता / भाई/पत्नी/पति है। ऑपरेशन से पहले ही डॉ. साहब ने मुझे रोगी की स्थिति के बारे में समझा दिया है कि रोगी को बीमारी होने की वजह से अश्वप्रेरण के दौरान एनेस्थेसिया (वेहोशी) के दौरान होने वाली जटिलताओं के बारे में पूर्ण रूप से अवगत करा दिया गया है। ऑपरेशन के दौरान सोडियम, पोटेशियम क्लोराइड के स्तरों में बदलाव व हृदय में तकलीफ, मूत्र में इन्फेक्शन, फॅफड़ों में इन्फेक्शन, लम्बे समय तक होश नहीं आना तथा कृत्रिम भवास (वेन्टिलेटर) इत्यादि की जरूरत पड़ सकती है।

ऑपरेशन के दौरान एनेस्थेसिया के अन्तर्गत रोगी की जान को खतरा व रोगी की मृत्यु भी हो सकती है। इन सभी बातों से अवगत होने पर भी मैं/हम रोगी का ऑपरेशन करने की अनुमति प्रदान करता हूँ/करते हैं तथा इनसे होने वाले लाभ / हानि की जिम्मेदारी मेरी/हमारी रहेगी।

रोगी के ऑपरेशन के दौरान या बाद में हृदय घात, सांस रुक जाने या गुर्दा के खराब होने की संभावना का हमें अच्छी तरह से समझा दिया गया है और यह सारी स्थिति हमें ऑपरेशन करने की अनुमति प्रदान करता हूँ करते हैं तथा इनसे होने वाले लाभ / हानि की जिम्मेदारी मेरी/ हमारी रहेगी।

हमें अपने मरीज श्री / श्रीमती..... मुरारी लाल भिंगा उम्र ५७..... लिंग... M.... की गम्भीर शारीरिक स्थिति के बारे में डॉक्टर साहब द्वारा समझाया जा चुका है एवं डॉक्टर साहब को जैसा उचित लगे वैसा इलाज प्रारम्भ करने की हम स्वीकृति प्रदान करते हैं एवं आवश्यकता पड़ने पर वैटीलेटर एवं प्रोसीजर करने की हम स्वीकृति प्रदान करते हैं तथा समस्त लाभ या हानि की जिम्मेदारी भी हमारी स्वयं की होगी। इसके लिए अस्पताल प्रशासन / स्टॉफ या डॉक्टर जवाबदार नहीं होंगे।

दिनांक : ३०.१.२५

समय :

गवाह के हस्ताक्षर :

जगह :



मरीज के हस्ताक्षर



बोन एण्ड जॉइट

मल्टीस्पेशलिटी हॉस्पीटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
आर.सी.व्हास कॉलोनी, भीलवाड़ा-३११००१
www.drarundungarwal.in
८७६-४-२१-२२-२३

Pre-anaesthetic Examination And Anaesthesia Notes

Name..... Muzari Lal Meena Indoor No..... 68 Date: 20.11.23

Age..... 47 Sex..... M Cont. No.....

Operation Proposed..... Rotator cuff Repair + LCA.

H/O Drugs.....

Allergy..... N/A.

Diseases..... N/A.

Drug Allergy..... N/A.

General Condition..... N/A.

CVS..... M/M Pulse..... M/M BP..... 110/72/22.

RS..... M/M AS..... CN.

Investigation..... N/A.

Hb..... 13.10 ECG..... N/A SU..... S, S, M SCR..... 0.60- RBC.....

X-Ray..... —

Anaesthetic Management..... Date: 20.11.23

Premedication..... Inj metoclopramide 10mg.

Induction..... Propofol 100mg.

Relaxant - Succinylcholine 100mg.

Troponium 200ug Star. Gengen.

Maintenance..... O2 / N2O / Enflurane.

Reversal..... Inj. Neostigmine. 2-5ml + glycopyrrolate 0.5mg.

Technique Used..... Inj. ondansetron 4mg.

Agents..... Yes No because.....

Anaesthesia Satisfactory..... Yes —

Any complication on the table..... No —

Completed at: 11.30 pm

Duration..... 1.30 hrs. Operation Completed at Yes Yes —

No —

Conditions on leaving..... P.M. — Reflexes present?

Dr. Anil Kumar
Anaesthetist/umar Garg
Consultant Anaesthesia Critical Care
RMC No. 26633/11306
Bone And Joint Multispeciality
Hospital, Bhilwara



बोन एण्ड जॉईट

मल्टीस्पेशलिटी हॉस्पीटल

9-ए-30, राजीव गांधी ऑडिटोरियम रोड
आर.सी.व्यास कॉलोनी, भीलवाडा-311001
www.drarundungarwal.in
876-4-21-22-23

प्रक्रिया के लिए सहमति एवं अधिकार पत्र

मरीज का नाम..... द्वारा लाल मीणा विभाग..... Ortho

आई. पी. नं/एम.आर. नं..... 68 उम/लिंग..... ५७/M नाम चिकित्सक..... डॉ. डॉ. डॉ. डॉ.

मैं अपनी पूर्ण जानकारी के अनुसार डॉ. *Anum Damani*, को तथा आवश्यकता होने पर उनके द्वारा मेरे उपचार प्रक्रियाओं उनके विकल्पों में अन्य चिकित्सकों को सम्मिलित करने के लिए अधिकृत करता हूँ। (उपचार विधि/ प्रक्रिया का नाम एवं लिखें)

प्रक्रिया करने का कारण..... *Rotator cuff tear* ()

प्रक्रिया ना करने की दशा में विकल्प..... *conservative / physiotherapy.*

प्रक्रिया के दौरान होने वाली संभावित क्षतियां..... *Blood loss / Hypotension / Nerve damage*

मुझे उपचार प्रक्रिया किये जाने से सम्बन्धित कारणों की पूरी जानकारी दी गई है तथा यह भी ज्ञान है कि यह प्रयास मेरे/रोगी हित में किये गये है। मैं अपने उपचार को सम्बन्धित समस्त प्रकार की प्रक्रियाओं व वैकल्पिक उपचार यहाँ तक की किसी भी प्रकार का उपचार दिये जाने के लिए अपनी सहमति देता हूँ। अपने उपचार से सम्बन्धित सभी संभावित प्रभावों व खतरों की जानकारी दी गई है। प्रक्रिया की सफलता सम्बन्धित जानकारी मुझे अच्छी तरह से समझा दी गई है।

मुझे उपचार प्रक्रिया के दौरान सामने आने वाली दूसरी तरह की समस्याओं व प्रक्रियाओं की आवश्यकता होने पर किये जाने वाले अन्य प्रक्रिया के बारे में भी बता दिया गया है। इनके लिए मैं अपने चिकित्सक तथा उनके सहयोगियों को मेरे हित में उनके द्वारा किये जा रहे सभी आवश्यक प्रक्रिया के लिए अधिकृत करता हूँ।

मुझे उपचार/ प्रक्रिया की सफलता से सम्बन्धित किसी भी प्रकार की गारंटी नहीं दी गई है।

खतरे : यह जानकारी इस समझ के साथ दी गई है कि ऑपरेशन व प्रक्रियाओं में किसी भी प्रकार के खतरे अथवा क्षति की संभावना होती है। जैसे संक्रमण, रक्तस्त्राव, संवेदी तंत्रिका की चोट, रक्त का थक्का, हृदयघात, एलर्जी एतिक्रिया एवं निमोनिया आदि। ये खतरनाक साबित हो सकते हैं। चिकित्सक द्वारा मुझे इस संभावित खतरों की जानकारी पूरी तरह दे दी गई है।

एच.आई.वी जाँच / हेपेटाईटिस वी एवं हेपेटाईटिस सी जाँच जाँच परिणामों को गोपनीय रखे जाने की शर्त पर मेरे नियोजित उपचार प्रक्रिया एवं ऑपरेशन के दौरान मेरे रक्त में एच.आई.वी / हेपेटाईटिस वी एवं सी की जाँच हेतु मेरे द्वारा स्वीकृति दी जाती है।

मैं प्रमाणित करता हूँ कि मुझे सहमति पत्र में उल्लेखित सभी बिन्दुओं उपचार विधियों, प्रक्रियाओं ऑपरेशन अथवा रक्त चढ़ाये जाने की स्थिति में होने वाले संभावित व अज्ञान खतरों / विपरीत प्रभावों की पूरी जानकारी मेरी भाषा में समझा दी गई। रिक्त स्थानों में भरी गई तमाम जानकारीयों की मुझे समझ है उसी के आधार पर मैं अपनी सर्जरी हेतु सहमति दे रहा हूँ।

मरीज / परिजन का नाम..... *lal muni*

नाम चिकित्सक डॉ. अरुण रुदंगरवाल
एम.वी.वी.एस.एम.एस.(ऑर्थो)

मरीज के साथ सम्बन्ध..... *Q1f*

कन्सल्टेंट चाइर्स रिस्लेसमेन्ट
ऑर्थोस्कोपी रेण्ड्रोमा सर्जर

हस्ताक्षर

REG. No. 25001713414
Mob: 9107177661

दिनांक..... १०.११.२५ समय.....

साक्षी का नाम.....



बॉन एण्ड जॉर्ड

मल्टीस्पेशलिटी हॉस्पीटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
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www.drarundunganwal.in
876-4-21-22-23

विशेष सहमति सूचना प्रपत्र – डॉक्टर

में रोगी. मुझे लाल मीणा पिता/माता/भाई/बहिन/पुत्र/पुत्री/
पत्नी/पति /सम्बंधी हूँ ऑपरेशन के पहले ही डॉक्टर साहब ने मुझे रोगी की स्थिति के बारे में यह समझा दिया है कि हड्डी के टुकड़े-टुकड़े होने के
कारण यह हड्डी-

- १. धीरे-धीरे जुड़ भी सकती है अथवा नहीं भी जुड़ सकती है।
- २. दूसरी हड्डी रोपित (Bone Graft) करनी पड़ सकती है।
- ३. स्टील की प्लेट्स (Implant Loose) ढीली पड़ सकती है।
- ४. पुनः ऑपरेशन की जरूरत पड़ सकती है।
- ५. पस (मवाद) पड़ सकता है।
- ६. जोड़ों को मोड़ने / पूरा मोड़ने में दिक्कत आ सकती है।
- ७. पैर / हाथ की लम्बाई छोटी पड़ सकता है।
- ८. मुझे डॉक्टर ने कसरत नहीं करने की वजह से होने वाले नुकसान से अवगत करा दिया है। समय-समय पर नहीं दिखाने से होने वाले
नुकसान के बारे में भी अवगत करा दिया है।
- ९. समय से पहले बिना आज्ञा के वजन देने से या वजन उठाने व प्लास्टर खोल देने से होने वाले नुकसान की वजह से IMPLANT
LOOSENING / IMPLANT BREAKAGE / INFECTION / RESURGERY की जरूरत पड़ सकती है। यह जानकारी भी बता दी गई है।
मझा दी गई। रिक्त स्थानों में भरी गई तमाम जानकारीयों की मुझे समझा है उसी के आधार पर मैं अपनी सर्जरी हेतु सहमति दे रहा हूँ।

दिनांक : २०।।।२५

समय :

गवाह के हस्ताक्षर :

जगह : B&J hospital bhiwadi.

हस्ताक्षर

अगर रोगी की स्थिति को देखते हुए आगे जाकर मैं किसी अन्य डॉक्टर या अस्पताल / संस्थान ले जाऊ तो उसका समस्त खर्च व इलाज
की जिमदारी मेरी होगी।

दिनांक : ३०।।।२५

स्थान: B&J Hospital bhiwadi.

हस्ताक्षर

(पूरा नाम.....)

विशेष सहमति सूचना प्रपत्र – हॉस्पीटल

पत्नी/पति/सम्बंधी हूँ। हम बॉन एण्ड जॉर्ड मल्टीस्पेशलिटी हॉस्पीटल में स्वयं की इच्छा से अस्पताल की प्रतिष्ठा सुनकर अपनी इच्छा से
अपना इलाज करवाना चाहता है। ऑपरेशन की विस्तार से जानकारी, भविष्य में होने वाली तकलीफों, खर्च आदि का पूरा ब्यौरा समझा दिया गया है।
हमें सरकारी अस्पताल में जाने की भी पूरी स्वतन्त्रता दी गई है तथा किसी भी समय अपने विवेक से अगर हम अस्पताल से जाना चाहें तो
उसकी इजाजत दी जाएगी।

दिनांक : ३।।।२५

समय :

स्थान: B&J hospital bhiwadi

हस्ताक्षर

(पूरा नाम.....)



बोन एंड जॉइंट

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, राजीव गांधी अॉडिटोरियम रोड
आर.सी.व्हास कॉलोनी, भीलवाडा-३११००१
www.drarundungarwal.in
876-4-21-22-23

Patient's Name: Muzari Lal Meena Date: 3.1.25

Age: 47 Sex: ♂ Male ○ Female IPD No.: 68

Consultant Name: Dr Arun Dungarwal

Present History / Complaints: Pain in shoulder.

Painfull from, inability to lift shoulder.

Past Clinical History: Pain in shoulder 8 months

Bone while lifting Heavy weight Bangle.

Primary treatment done by self medication

Final diagnosis: Rotator cuff tear

Proposed Management: Arthroscopic R.C. Repair + C.A.

Date: 30/01/2025

Time:

Dawat
Medical Officer Duty
Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road
Bhilwara-Raj.

AB MGRSBY/MMCSBY VERIFIED
TID... Medical Officer Duty
Up Bone And Joint Multispecialty Hospital
Bhilwara-Raj. Nature of MO (Name)
Bhilwara-Raj.



बोन एण्ड जॉइंट

मल्टीस्पेशलिटी हॉस्पीटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
आर.सी.व्यास कॉलोनी, भीलवाड़ा-३११००१
www.drarundungarwal.in
८७६-४-२१-२२-२३

निश्चेतना (बेहोशी) के लिए सहमति पत्र

मरीज का नाम.....मुझे लाल भीगा

विभाग.....उपरोक्त

आई. पी. नं.....६४

उम/लिंग.....५७

M

नाम चिकित्सक.....डॉ. मरुषा इश्वराल

बेहोशी का प्रकार – लोकल / जनरल / स्पाइनल / एफीड्यूरल / नर्व ब्लॉक

- मैं (मरीज/मरीज का रिश्तेदार) सशपथ करता हूँ कि मेरे निश्चेतना प्रबंध के बारे में मुझे पूरी जानकारी दी गई है। इस विषय पर निश्चेतना हेतु जिम्मेदार अधिकारी द्वारा चर्चा का अवसर दिया गया है। मैं अपने ऑपरेशन सम्बन्धित निश्चेतना प्रबन्ध हेतु अपनी सहमति प्रदान करता/करती हूँ।
- मैं निश्चेतना सम्बन्धित सभी जानकारी एवं तरीकों से अवगत तथा इनकी अहमियत/आवश्यकता के बारे में मुझे सम्पूर्ण जानकारी दी गयी है। जैसे लोकल / सडेशन / रिजनल या इनके संयुक्त मिश्र का प्रयोग किया जा सकता है।
- मैं प्रमाणित करता हूँ कि मुझे सहमति पत्र में उल्लेखित सभी विन्दुओं, निश्चेतना, विधियों, निश्चेतना प्रक्रियाओं की तथा निश्चेतना में दिया जाने की स्थिति में होने वाले संभायित व अज्ञात / विपरीत प्रभावों की पूरी जानकारी मेरी भाषा में समझा दी गयी है। रिक्त स्थानों में भरी गई तमाम जानकारियों की मुझे समझ है व उसी के आधार पर मैं अपनी निश्चेतना हेतु सहमति दे रहा हूँ।
- मुझे उपरोक्त के लिए आवश्यक बेहोशी की दवाई के संबन्ध में सम्पूर्ण जानकारी दे दी गई है एवं जरूरत पड़ने पर अन्य निश्चेतना विकल्प का भी प्रयोग किया जा सकता है।
- मैं इस प्रक्रिया के तहत होने वाले सभी सकारात्मक एवं नकारात्मक परिणामों के लिए पूरी तरह से तैयार तथा सहमत हूँ। प्रक्रिया के किसी भी परिणाम के लिए हॉस्पीटल, हॉस्पीटल डॉक्टर तथा हॉस्पीटल स्टाफ जिम्मेदार नहीं होंगे।
- अत्यधिक खतरनाक प्रक्रिया हेतु सहमति मेरे ऑपरेशन / प्रक्रिया के अत्यधिक खतरनाक होने से सम्बन्धित उपरोक्त कारणों के बारे में मुझे भली भांति समझा दिया गया है।

मैं डॉक्टर द्वारा बताई जानकारी प्रतिक्रिया अत्यधिक गम्भीर होती है, यहां तक कि ये अंगों में सुनापन या निश्चिक्रियता तथा मृत्यु का भी कारण हो सकती है और मैं निश्चेतना कि सहमति देता हूँ।

मैं ये मानता हूँ कि निश्चेतना क्रिया से होने वाले प्रभावों कि हॉस्पीटल, हॉस्पीटल की टीम कि कोई जिम्मेदारी नहीं होगी।

मरीज / परिजन का नाम.....Q.m.m

मरीज के साथ सम्बन्ध.....१२४

हस्ताक्षर.....

दिनांक.....३०.१.२५

साक्षी का नाम.....

एनेस्थीसिटिक डॉ. Ayaaz umar Garg
Hastakshar... Consultant Anesthesia Critical Care
RMC No. 23633/11306
दिनांक..... Bone And Joint Multispeciality
Hospital, Sambhalwara



बोन एंड जॉइंट

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, सरजीव गाँधी ऑडिटोरियम रोड
आर.सी.व्हास कॉलोनी, भीलवाडा-३११००१
www.drarundungarwal.in
876-4-21-22-23

Patient's Name : Muzari Lal Meena Date 30/1/25

Age 47 Sex : Male Female

IPD No. 68

Consultant Name : Dr Arun Dungarwal

Present History / Complaints Pain in shoulder.
Painfull from, inability to lift shoulder.

Past Clinical History 4 months
Pain in shoulder
Better with lifting Heavy weight
Bracelet
Primary treatment done by physiotherapy

Final diagnosis Rotator cuff tear

Proposed Management Arthroscopic R.C. Repair + LCA

Date 30/01/2025

Time.....

Rajiv Gandhi Auditorium Road
Medical Officer Duty
Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road
Bhilwara-Raj.

AB MGRSBY/MMCSBY VERIFIED
TID.....
Medical Officer Duty
Bone And Joint Multispecialty Hospital
Upgraded Joint Multispecialty Hospital
Bhilwara-Raj. (Name)
Bhilwara-Raj.



CONSENT FOR ADMISSION & TREATMENT FORM

भर्ती एवं इलाज के लिए सहमति प्रपत्र

- Arm Dungarwal Rotator cuff Repair*
- मैं चिकित्सक डॉ..... अपने..... शल्य चिकित्सा (ऑपरेशन)/इन्जेक्शन की सहमति अनुमति प्रदान करता हूँ।
 - मुझे ऑपरेशन की प्रक्रिया मेरी संतुष्टि के अनुसार विस्तार पूर्वक समझा दी गई है और इसमें होने वाली जलताओं व जोखिम से मेरे सभी प्रश्नों के उत्तर संतोषपूर्ण दिये गये तथा इसके बाद ही मैंने अपनी स्वतंत्र इसे ऑपरेशन /प्रक्रिया की सहमति प्रदान करता/करती हूँ।
 - मुझे यह भी बता दिया गया है कि ऑपरेशन के दौरान परिस्थितिअन्य प्रक्रियाओं की भी तभी की जा सकती है। जिसका पूर्व में मेरे साथ विचार विमर्श नहीं किया जा सका और जो चिकित्सक की निगाह में आवश्यक है के लिये भी अनुमति प्रदान करता/करती हूँ।
 - मुझे यह भी बता दिया है कि आवश्यकता होने पर मुझे दूसरी आवश्यक दवाईया एवं रक्त भी दिया जा सकता है इससे ने सहमत हूँ।
 - चिकित्सक को मैं चिकित्सालय के अन्य स्टाफ व सहायकका सहयोग लेने का अनाधिकृत करता हूँ।
 - मुझे ऑपरेशन प्रक्रिया की संभावित जोखिम करते हुए यह भी जानकारी दी गई है कि ऑपरेशन के दौरान चिरिथित उत्पन्न होने पर चिकित्सक कि निर्देश पर मुझे गहन चिकित्सा ईकाई I.C.U & I.C.C. में भी स्थानान्तरित किया जा सकता है।
 - मैंने ऑपरेशन के दौरान शरीर के उपर्युक्त रिस्ति में लाने परीक्षण करने, विचार विमर्श करने करने फोटोग्राफी या विडियो टेपिंग के जरिये आयुर्वज्ञानिक वैज्ञानिक शैक्षणिक अनुसंधान प्रक्रिया का उपयोग करने आदि के लिये बगैर लिखित अनुमति के कार्य करने की सहमति प्रदान की है।
 - मैं चिकित्सक/हॉस्पिटल प्रशासन को ऑपरेशन के दौरान को उचित निश्पादन करने का अधिकार देता हूँ।
 - मैं चिकित्सक को शल्यक्रियापश्चात उसके निर्देशन करने का विश्वास दिलाता हूँ।
 - मैं हॉस्पिटल प्रशासन को अस्पताल के लिए एरोटिक द्वारा उनकी राय में रिस्तिसिया दिये जाने की सहमति प्रदान करता हूँ। ऐनेस्थिसिया के जोखिम के बारे में मुझे पूरी तरह करवा दिया और उससे पूर्णतया कर सहमति प्रदान करता हूँ।
 - अतिरिक्त टिप्पणी (बहुजन जोखिम के समावेश हेतु) मेरी हस्ताक्षर युक्त संविदात्मक स्वीकारोक्ति है कि-
 - कि मैंने यह प्रपत्र पढ़ा है अथवा मुझे यह प्रपत्र पढ़कर सुनाया गया है।
 - कि मैं इसे पूर्ण से समझकर भावनाओं से अपगत सहमत हूँ।
 - कि प्रस्तावित ऑपरेशन/प्रक्रिया जोखिम जटिलताओं और वैकल्पिक संभावनाओं के बारे में मुझे समझा दिया गया है और मैं उससे संतुष्ट हूँ।
 - कि मुझे प्रस्तावित ऐनेस्थिसिया/प्रक्रिया संबंधी मेरे सभी प्रश्नों के लिये उचित अवसर दिया गया है उनका संतोषजनक समाधान किया।
 - प्रपत्र के सभी रिक्त स्थान मेरे हस्ताक्षर से पूर्व भरे गये।
 - पुलिस कार्यवाही नहीं करना चाहता हूँ।
 - उपरोक्त आधार पर मैं अधिकत करता हूँ व सहमति प्रदान करता हूँ।

इस प्रपत्र पर हस्ताक्षर न करें, यदि आपने पढ़ा नहीं है, समझ नहीं आया है या उससे असहमत है

दिनांक : ३०/०१/२०२५

समय : १८.५७ AM/PM

Dr. Rundungarwal
हस्ताक्षर
(पूरा नाम व पता)

हस्ताक्षर
(पूरा नाम व पता)



बोन एण्ड जॉर्ड

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, राजीव गांधी ऑडिटोरियम रोड
आर.सी.व्हास कॉलोनी, भीलवाडा-३११००१
www.drarundungarwal.in
876-4-21-22-23

Patient's Name : Munari Lal Meena Date 30/3/20

Age 47 Sex : Male Female

IPD No. 68

Consultant Name : Dr Arun Dungarwala

I hereby Declare that

Mr./Mrs./Ms./Master. Munari Lal Meena

Age 47 Sex : Male Female

has the following medical history

(1) Diabetes	<u>Yes</u>	<u>Yes / No</u>	Duration	<u>10 years</u>
(2) Hypertension		<u>Yes / No</u>	Duration	
(3) Heart Disease		<u>Yes / No</u>	Duration	
Full Details		<u>Yes / No</u>	Duration	
(4) Tuberculosis		<u>Yes / No</u>	Duration	
(5) Jaundice		<u>Yes / No</u>	Duration	
(6) HIV/AIDS		<u>Yes / No</u>	Duration	
(7) Thyroid Disorder		<u>Yes / No</u>	Duration	
(8) Any other Chronic illness		<u>Yes / No</u>	Duration	
(9) Any Surgery/Admission to hospital		<u>Yes / No</u>	Duration	
In the past Name of hospital/doctor		<u>Yes / No</u>	Duration	
(10) Blood Transfusion		<u>Yes / No</u>	Duration	
(11) Similar illness in past (For which admitted)		<u>Yes / No</u>	When	
(12) Whether Lab/Radiology/ECG done earlier		<u>Yes / No</u>	When	
(13) Drug allergy hypersensitivity		<u>Yes / No</u>	Name of Drug	
(14) Treatment taken for present illness				
Tablets taken		<u>Yes / No</u>		
Injection Taken		<u>Yes / No</u>		
(IM/IV)				
(15) Ongoing Regular mediciness		<u>Yes / No</u>	Name of Drug	
(16) Alcohol		<u>Yes / No</u>	Duration	<u>Qty</u>
Somking		<u>Yes / No</u>	Duration	<u>Qty</u>
Tabacco Chewing		<u>Yes / No</u>	Duration	<u>Qty</u>
(17) Pregnancies Normal		<u>Yes / No</u>	Derails if no	<u>Qty</u>
(18) Miscarriage / Abortion		<u>Yes / No</u>	Derails if no	<u>Qty</u>
(19) Spects	<u>R+</u> <u>L+</u>	<u>Yes / No</u>	Near Vision	<u>Qty</u>
		<u>Yes / No</u>	Near Vision	<u>Qty</u>

Signature.....

Name.....

Relation to Patient.....

Wife



बोन एंड जॉइंट

मल्टीस्पेशलिटी हॉस्पिटल

९-ए-३०, राजीव गांधी अॉडिटोरियम रोड
आर.सी.व्हास कॉलोनी, भीलवाडा-३११००१
www.drarundungarwal.in
876-4-21-22-23

PATIENT ADMISSION FORM

OPD No.:

Blood Group : N/A

Indoor Reg. No.: 2627168

Drug Allergy : N/A

Patient Detail

Patient's Name :

IPD No	68	UHID No	2627
Name	Mr. MURARI LAL MEENA		
S/o	TIKA RAM MEENA	Age	47Yrs 9Mth/
Place		Mobile	9414030414
Address	VILL, POST KARMODA, SAWAI MADHOPUR		
Consultant	DR.ARUN DUNGARWAL		
Ward/Bed	Deluxe AC \ DEL-2		

Time 18.57

Telephone

9414030414

Refereed by :

self —

Admission Detail

Date & Time Admission <u>30/01/2025</u> <u>18.57 PM</u> Readmission	Date & Time Discharge <u>31/01/2025</u> Discharge	No. of Days Stay In Hospital <u>01</u> Stay In Hospital
---	--	--

Class & Bed No.	Hon. Consultant	Resident Doctor
<u>Dr Arun Dungarwal</u> <u>Delux AC Room -</u>		<u>Dr. Maresh Varsham</u>

Maurush
Signature of Medical Officer Person
Medical Officer Duty
Bone And Joint Multispecialty Hospital
9-A-30, Rajiv Gandhi Auditorium Road
Bhilwara-Raj.

Ramji
Signature of Patient Person

मरीज द्वारा शपथ पत्र

दिनांक.. ३०।।।२५

मेरे मरीज मुरारामल मींग -

पुत्र/चुनौती/पत्नी/पति Tika Ram Meena - उम्र ५५

निवासी Sawai madhopur -

मुझे मेरे इलाज से संबंधित खर्च के बारे में बता दिया गया है।

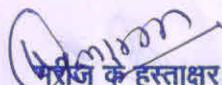
cashless -

जो की इस प्रकार है..... रूपये दवाईया

सम्मिलित है/नहीं है

मैं समझ गया हु की यह केवल अनुमानित कम से कम खर्च है और यह इलाज के दौरान बढ़ भी सकता है मेरे इलाज की और उसके खर्च की जिम्मेदारी को मैं समझता हूँ।

मैं यह घोषणा करता हु की मैं मेरे इलाज के पुरे खर्च को वहन करना मेरी नैतिक जिम्मेदारी है।


मरीज के हस्ताक्षर

फोन नंबर

परिजन के हस्ताक्षर

फोन नंबर

गवाह के हस्ताक्षर

फोन नंबर



vii.	Anaesthetist -	0/-
viii.	Others -	/-

Authorization Remarks :

- * Please note this is initial approval to start the treatment. Final amount is subject to the receipt of discharge summary and detailed final hospital bill.
- * Expenses incurred during hospitalization shall be settled as per the agreed negotiated tariff with Bajaj Allianz General Insurance Co. Ltd.
- * As per New AML Guidelines Insured/Nominee CKYC Number or CKYC Document is Mandatory each and every claim. Kindly provide duly filled and signed CKYC form, Pan Card (If PAN card is not available then provide duly filled form-60), Aadhar No & Government issued address proof (Passport Copy, Voter ID Card, Driving License and NREGA Card) of the proposer/employee/Beneficiary. If same not received then Hospital payment will be on hold.
- * All expenses incurred on non medical items must be collected from the patient at the time of discharge, kindly refer the circulated list of Bajaj Allianz website www.bajajallianz.com for more information on the non payable item.
- *Please send Medicine and Investigation bill break up with original claim documents for settlement mandatorily.
- * IPD Discount of 10% Discount On Total Bill Excluding Packages And Implant

Terms and conditions of Authorizations:

1. Above mentioned IPD discounts will be auto adjusted in the Balanced Sum insured of the policy holder, during the time of final claim settlement with the hospital.
2. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case Misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
3. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
4. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
5. Network provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package)
6. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
7. Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
8. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.
9. Cashless payments shall be made by electronic mode only. Cheques / DDs will not be issued. For detailed information on Electronic Payment process, please contact us at hat@bajajallianz.co.in
10. If documents are not received within 60 days from the date of discharged and claim will be closed without payment.
11. Post claim closure for delayed submission of claim documents , any further payment is subject to Balance Sum Insured for the Customer's policy. If Sum Insured of patient is exhausted in due course time of claim closure and receipt of claim documents from the hospital . BAGIC will not be liable to make any payment.
12. In case of short payment or short approval kindly contact us immediately within 7 days from the date of settlement. Later on any short payment query shall not be entertain.



Allianz

Bajaj Allianz General Insurance Co. Ltd.

vii.	Anaesthetist -	0/-
viii.	Others -	/-

Authorization Remarks :

*

* Please note this is initial approval to start the treatment. Final amount is subject to the receipt of discharge summary and detailed final hospital bill.

* Expenses incurred during hospitalization shall be settled as per the agreed negotiated tariff with Bajaj Allianz General Insurance Co. Ltd.

*As per New AML Guidelines Insured/Nominee CKYC Number or CKYC Document is Mandatory each and every claim. Kindly provide duly filled and signed CKYC form, Pan Card (If PAN card is not available then provide duly filled form-60), Aadhar No & Government issued address proof (Passport Copy, Voter ID Card, Driving License and NREGA Card) of the proposer/employee/Beneficiary. If same not received then Hospital payment will be on hold.

*All expenses incurred on non medical items must be collected from the patient at the time of discharge, kindly refer the circulated list of Bajaj Allianz website www.bajajallianz.com for more information on the non payable item.

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5. Network provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package)
6. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
7. Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
8. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.
9. Cashless payments shall be made by electronic mode only. Cheques / DDs will not be issued. For detailed information on Electronic Payment process, please contact us at hat@bajajallianz.co.in
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12. In case of short payment or short approval kindly contact us immediately within 7 days from the date of settlement. Later on any short payment query shall not be entertain.

BONE AND JOINT MULTISPECIALITY HOSPITAL

FIRST FLOOR, 9-A-30, RAJIV GANDHI AUDITORIUM ROAD, R C VYAS COLONY,

Phone: 8107177661

ADMISSION FORM

UHID. No 2627

IPD No 68

Name : Mr. MURARI LAL MEENA	Age/Sex : 47Yrs 9Mth/ Male		
Father's/Husband's Name : S/o TIKA RAM MEENA	Place :		
Address : VILL, POST KARMODA, SAWAI	Pincode :		
Occupation : _____	Martial Status : _____	Mobile : 9414030414	
Consultant : DR.ARUN DUNGARWAL	Ward/Bed: Deluxe AC \ DEL-2		
Emergency Contact : _____			
Date of Admission: 30/01/2025	Time : 18:57	Condition: _____	Ref. By Dr. _____
Date of discharge: _____	Time : _____	Result : _____	Admitted by Dr. DR.ARUN
Provisional Diagnosis: _____	Principal: _____		Discharged by Dr. _____
Final Diagnosis : _____	ICD Code : _____		

GENERAL CONSENT: AUTHORIZATION FOR TREATMENT IN BONE AND JOINT MULTISPECIALTY HOSPITAL

I.....(Name of Patient)here by getting admitted to this hospital of my own free will.I do hereby, the physicians and medical, nursing & housing staff to provide relevant care.I also I also consent to conduct diagnosis test.Administer necessary medications ,intravenous fluids etc may be deemed advisable in the course of this hospital admission for my treatment or for safety of patient/staff. I also understand although I am admitted under the care of one consultant.I will be treated & examined by other doctors/assisting resident my consultant I will be treated & examined by other doctors/assisting resident under the advice of my consultant.In case of operation of procedure this could be performed by other doctor also if my consultant so desire.I understand that all form of treatment and tests carries certain amount of risk. I have been explained about the approximate cost of treatment/packages, room tariff etc.I agree to pay the deposit/ dues as & when required by the hospital.I will pay all bills/clear my dues before the discharge.I understand that the cost estimation of treatment is rough indication of approximate cost toward hospitalization,the final bill may vary significantly from the estimate and the amount mention in the final bill shall be the final amount payable to the hospital .I have fully understand the rules & regulations of the hospital and I agree to abide by the same.In event of any loss/damage caused by the relatives/visitors I will be responsible for it.The above has been explained in the language known to me.I have read it carefully and I have fully understand the same and I accept the same and give my consent for treatment in BONE AND JOINT MULTISPECIALTY HOSPITAL .

I AM SIGNING. this consent by my own free will and in a fully alert state of mind.



BONE & JOINT MULTI-SPECIALTY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001

Murari Lal Meena
 Dr. Arun Dungrawal

46yrs/M

23-12-2024

MRI LEFT SHOULDERFindings:

Complete tear of supraspinatus tendon at its insertion with about 25mm retraction.

Joint effusion with fluid in subacromial subdeltoid bursa.

Articular margins of bones forming the Shoulder joint are normal - marrow signal intensity is maintained. No focal area of cortical breech or any focal deformity is seen.

Acromio-clavicular joint is normal.

Surrounding muscle groups are normal.

Glenoid and labrum are normal - no tear is seen.

Major ligaments are normal

Impression:

- Complete tear of supraspinatus tendon at its insertion with about 25mm retraction.
- Joint effusion with fluid in subacromial subdeltoid bursa.

Dr. Kamal Agrawal, MD,DNB, FRCR
 Consultant Radiologist

BONE & JOINT MULTI-SPECIALTY HOSPITAL
 9-A-30, Rajeev Gandhi Auditorium Road,
 R.C. Vyas Colony, Bhilwara (Raj.) 311001

- NOTE:**
- This Report is not valid for Medico-legal Purpose.
 - This is an impression & not the final diagnosis. It should be Correlated with relevant clinical data & investiga-



UHID No	: 2627	OPD NO	: 1179	Date	: 30/01/2025 18:40
Patient Name:	MURARI LAL MEENA	Age/Sex	: 47Yrs 9Mth/ Male	Mobile No.	: 9414030414
Care of	: TIKA RAM MEENA	Address	: VILL, POST KARMODA, SAWAI MADHOPUR SAWAI		
Doctor	: DR.ARUN DUNGARWAL	Token No:	7	Department	: ORTHOPAEDIC

Qo O shoulder pain

H/o. on/off pain previously

FE - Cuffing can-toe positive

Jobe toe positive -

Achieve upper abduction limited -

MRI - showing - supraspinatus tear O shoulder

Ad - Admission for surgery

arthroscopic Rotator cuff tear. Repair.

iij. diclofenac 100 mg. stat-

iij. RL 500mg + iij. premaclor 1amp indn/p

iij. moncef 10gm IV OD -

→ Routine B/L

- ECG

- chest x-ray - AP view.

BONE & JOINT MULTI-SPECIALTY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001

FOR APPOINTMENT/EMERGENCY - 8764-21-22-23 (OPD VALID FOR 3 DAYS)



BONE & JOINT MULTI SPECIALTY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : S/O टीका राम, २५२, २५२
करमोदा, सूरवाल, सवाई माधोपुर,
राजस्थान, ३२२०२७

Address: S/O Teeka Ram, 252
Karmoda post surwal,
Soorwal, Sawai Madhopur,
Rajasthan, 322027



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,
Bengaluru-560 001



(Pmml2)

BONE & JOINT MULTI-SPECIALITY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001

Caringly yours

BAJAJ ALLIANZ®

Health & Wellness Card

Policy No : OG-25-1801-8403-00000035
Valid Upto : 25-APR-2025
Name : MURARI LAL MEENA
Gender : MALE
Date of Birth : 05-MAY-1977
Age : 46 Years
ID Card No : GMC-25180130035-1106
Company Name : M/S HYTECHSEED INDIA PRIVATE LIMITED



Scan QR code to access customer portal

Bajaj Allianz General Insurance Company Limited

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No. 113)
Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 (India)

Cashless hospitalization in network hospitals can be obtained only if this card is produced along with a letter of authorization from Bajaj Allianz except for emergency cases. This is subject to terms and conditions of the policy.

Please quote your ID number for assistance. Intimation to Bajaj Allianz helpline is mandatory in case of any hospitalization.

HOSPITAL ALERT: In emergency, patient may approach with id card; please call Bajaj Allianz helpline to verify coverage and cashless authorization.

For help and more information:

Toll Free: 1800-103-2529 (Dedicated Health Helpline) 1800-102-5858, 1800-209-5858
Chargeable: 30305858 (add area code before this number in case of mobile call)

Email us at bajiclient@bajajallianz.co.in or Visit our Website www.bajajallianz.com
Corporate Identification Number U66010PN2000PLC015329

This is not a Credit/DebitCard and is the property of Bajaj Allianz Insurance Co. Ltd.

Damr

BONE & JOINT MULTI SPECIALTY HOSPITAL
9-A-30, Raik Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001

DECLARATION BY THE PATIENT / REPRESENTATIVE

- A. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Bajaj Allianz General Insurance Company Limited after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
 - B. Payment to hospital is governed by the terms and conditions of the policy. In case the Bajaj Allianz General Insurance Company Limited is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
 - C. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Bajaj Allianz General Insurance Company Limited not governed by the terms and conditions of the policy will be paid by me.
 - D. I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the Bajaj Allianz General Insurance Company Limited
 - E. I agree and understand that Bajaj Allianz General Insurance Company Limited is in no way warranting the service of the hospital & that the Bajaj Allianz General Insurance Company Limited is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
 - F. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
 - G. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Bajaj Allianz General Insurance Company Limited.

I/We authorize Insurance Company/TPA to contact me/us through SMS/Email/WhatsApp for any update on this claim.

c) Patient's Immediate Name: Rajesh Lal Meena

a) Patient's/Insured's Name: John Doe, Jr.

b) Contact number: 9414030414
d) Email ID (optional)

c) Patient's / Insured's Signature:

d) Email ID (optional)

Date - 30.07.2025 Time - 18.57 PM

Wamm

HOSPITAL DECLARATION

1. We have no objection to any authorized Bajaj Allianz General Insurance Company Limited official verifying documents pertaining to hospitalization.
 2. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to Bajaj Allianz General Insurance Company Limited within 2 days of Patient Discharge.
 3. WE AGREE THAT BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED WILL NOT BE LIABLE TO MAKE THE PAYMENT IN THE EVENT OF ANY DISCREPANCY BETWEEN THE FACTS IN THIS FORM AND DISCHARGE SUMMARY or other documents.
 4. The patient declaration has been signed by the patient or by his representative in our presence.
 5. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
 6. We will abide by the terms and conditions agreed in the MOU.
 7. We confirm that no additional amount would be collected from the insured in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package).
 8. We confirm that no recoveries would be made from the deposit amount collected from the insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package).
 9. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same from us (the Network Provider) and/or take necessary action, as provided under the MOU or applicable laws

Hospital Seal

Doctor's Signature

BONE & JOINT MULTI-SPECIALTY HOSPITAL
9-A-30, Rajiv Gandhi Auditorium Road,
R.C. Vyas Colony, Bhilwara (Raj.) 311001

Details of the patient admitted

- a) Date of admission: 30/01/25 b) Time: 18:57
 c) Is this an emergency/a planned hospitalization event?: Emergency Planned
 d) Expected no. of days stay in hospital: 02 Days e) Room Type Private AC
 f) Expected no. of days in ICU 00 Days
 g) Per Day Room Rent + Nursing &
 Service Charges + Patient's Diet:
 h) Expected cost for investigation + diagnostics.:
 i) ICU Charges:
 j) OT Charges:
 k) Professional fees Surgeon + Anesthetist Fees +
 consultation Charges
 l) Medicines + Consumables + Cost of Implants
 specify.
 Other hospital expenses if any:
 m) All inclusive package charges if any applicable
 n) Sum Total expected cost of hospitalization

Mandatory: Past History of any chronic illness (If yes, since (month / year)

<input type="checkbox"/> Diabetes	<input type="checkbox"/>
<input type="checkbox"/> Heart Disease	<input type="checkbox"/>
<input type="checkbox"/> Hypertension	<input type="checkbox"/>
<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/>
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/>
<input type="checkbox"/> Asthma / COPD / Bronchitis	<input type="checkbox"/>
<input type="checkbox"/> Cancer	<input type="checkbox"/>
<input type="checkbox"/> Alcohol or drug abuse	<input type="checkbox"/>
<input type="checkbox"/> Any HIV or STD / Related ailments	<input type="checkbox"/>
Any other Ailment give details:	
<u>Surgery → 25896</u>	
<u>Implants / Future Anchor → 961000.</u>	
<u>Total = 1121,896.</u>	

(PLEASE READ VERY CAREFULLY)

DECLARATION

We confirm having read understood and agreed to the Declarations on the reverse of this form

1. For retail policies/individual customers:

Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

2. For Juridical person/non-individual customer:

Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

3. For Group Policies:

Consent/Declaration to be added in claim form CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

4. For Juridical person/non-individual customer and Group Policies:

Consent/Declaration to be added in claim form CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

a) Name of the treating doctor: Aswin Dungarwala
 b) Qualification: M.S. (Ortho)c) Registration No. with State Code: 25001

BONE & JOINT MULTI-SPECIALTY HOSPITAL
 9-A-30, Rajiv Gandhi Auditorium Road,
 R.C. Vyas Colony, Bhilwara (Raj.) 311001

Hospital Seal (Must include Hospital ID)

Patient Insured Name & Signature

DL No:100312-100313

GST TAX INVOICE

GST NO. : 08AYEPM0652N1Z5

B & J PHARMA

OPP.RAJIV GANDHI AUDITORIUM RC VYAS COLONY,BHILWARA-311001
 ,BHILWARA-311001,RAJ-08
 Phone : 01482-350361, 8764212223 PAN NO.
 CIN :- EMAIL:- drdungarwalarun@gmail.com

Patient : MURARI LAL MEENA
 ReferBy : DR.ARUN DUNGARWAL

INVOICE No : A-0001004
 Date : 30/01/25

QTY	PACK	PRODUCT NAME	HSN	BATCH	EXP	MRP	AMOUNT	GST%	TAXABLE
1	2 ML	RANTAC INJ 2ML	3004	XIR223028	04/25	6.61	6.61	12.00	5.91
1	2 ML	REGLAN INJ 2ML	3004	A24AM171	04/26	5.96	5.96	12.00	5.32
1	2 ml	SUPRIDOL INJ.	3004	KP1568139	09/26	23.54	23.54	12.00	21.02
1	INJ	CORT-S INJ 100MG	3004	V4471448	08/26	46.90	46.90	0.00	46.90
2	1 *DEF	DISPO 10 ML (DISPO-VAN)	3004	N24G61C05	01/30	20.00	40.00	12.00	35.72
5	5 ML	DISPO 5ML (DISPOVAN)	3004	343055SK1	09/28	22.00	110.00	12.00	98.22
1	20ML	DISPO 20ML (BIO-SAFE)	3004	N23171C01	08/28	47.00	47.00	12.00	41.96
1	1Caps	DISPO 50ML (BIO-SAFE)	3001	23H81C01	07/28	135.00	135.00	12.00	120.54
4	PACK	NS 3000ML	3004	131	10/25	616.00	2464.00	0.00	2464.00
1	PACK	ET TUBE NO 7 CUF	3004	G23I01102	08/28	359.00	359.00	0.00	359.00
1	50 gm	JOINTACE GEL [50G]	3004	J2310	09/25	139.00	139.00	12.00	124.10
2	INJ	KLOTIN 5ML TRANEXAMIC	3004	V627083	03/26	71.90	143.80	0.00	143.80
1	PACK	SKIN TRACTION KIT	3004	603	06/27	215.00	215.00	0.00	215.00
1	PACK	SOFT ROLL 4	3004	608	05/28	150.00	150.00	12.00	133.92
1	1*DEFA	PLAIN SHEET LARGE	3004	230811	01/30	214.00	214.00	12.00	191.08
2	10Caps	BANDAGE 6INCH	3004	1234	01/30	30.00	60.00	0.00	60.00
4	1 PIC	GLOVES 7 KALTEX	3004	KALTEX	06/29	70.00	280.00	12.00	250.00
3	1	GLOVES 7.5 KALTEX	3004	KALTEX	06/26	77.00	231.00	12.00	206.24
1	1	MEDICATH VENE FLON NO-20	3004	24H2503	06/29	230.00	230.00	12.00	205.36
1	PACK	CANFIX	3004	01AD23	08/26	80.00	80.00	0.00	80.00

Continued On...2

Total c/f 4980.81

10 दिन बाद दवाइया वापस नहीं की जाएँगी। जमा करने के लिये बिल जरूरी है। समय दोपहर 12 से शाम 04 तक

BONE & JOINT MULTI-SPECIALITY HOSPITAL
 9-A-10, Rajiv Gandhi Auditorium Road,
 R.C. Vyas Colony, Bhilwara (Raj.) 311001

DL No:100312-100313

GST TAX INVOICE

GST NO. : 08AYEPM0652N1Z5

B & J PHARMA

OPP.RAJIV GANDHI AUDITORIUM RC VYAS COLONY,BHILWARA-311001
 ,BHILWARA-311001,RAJ-08
 Phone : 01482-350361, 8764212223 PAN NO.
 CIN :- EMAIL:- drdungarwalarun@gmail.com

Patient : MURARI LAL MEENA
 ReferBy : DR.ARUN DUNGARWAL

INVOICE No : A-0001004
 Date : 30/01/25

QTY	PACK	PRODUCT NAME	HSN	BATCH	EXP	MRP	AMOUNT	GST%	TAXABLE
Continued From... 1					Total b/f	4980.81			
3	1's	RL 500ML (KAPLIFE)	3004	KA5224056	10/27	63.26	189.78	12.00	169.44
3	500ML	NS 500ML [KAPLIFE]	3004	KA5024035	07/27	39.04	117.12	12.00	104.58
1	1	IV SET CHIRON	3004	24J022	08/27	120.00	120.00	0.00	120.00
2	2ml	AMICIN 500 INJ	3004	GHL-0123	06/26	113.00	226.00	12.00	201.78
2	10	PYROLATE INJ 1ML	3004	KP1254113	08/26	16.12	32.24	0.00	32.24
2	5ML	MYO-PYROLATE 5ML	3004	V350373	05/25	112.50	225.00	0.00	225.00
1	PACK	CATHRTER 16NO	3004	G23021100	01/28	180.00	180.00	0.00	180.00
1	PACK	URO BEG (CHIRON)	3004	23H073	07/26	311.00	311.00	0.00	311.00
1	30G	LOX 2% JELLY	3004	L1164	06/26	37.95	37.95	12.00	33.89
2	INJ	TAZOWIN 1ML	3004	ARTAZ2433	09/27	48.31	96.62	0.00	96.62
1	PACK	SOSRANE 30ML	3004	KPNP69702	08/27	303.90	303.90	5.00	289.42
1	INJ	NEOROF 20ML	3004	61940	02/26	145.50	145.50	0.00	145.50
2	2ml	ONDREM 2ML ING	3004	OND24102S	03/26	13.35	26.70	12.00	23.84
2	2 ml	SUPRIDOL INJ.	3004	KP1568139	09/26	23.54	47.08	12.00	42.04
3	1 *DEF	DISPO 10 ML (DISPO-VAN)	3004	N24G61C05	01/30	20.00	60.00	12.00	53.58
3	5 ML	DISPO 5ML (DISPOVAN)	3004	343055SK1	09/28	22.00	66.00	12.00	58.92
1	1	GLOVES 7NO. ORTHO	3004	24090020L	09/27	120.00	120.00	12.00	107.14
2	1*DEFA	FUTEX-1.5 INJ.	1902	GUFR05	06/25	380.00	760.00	12.00	678.58
1	1*DEFA	OC OSSEOFIX KNOTLESS ANCH	3004	251245402	11/27	36800.00	36800.00	0.00	*****
2	1*DEFA	OC OSSEOFIX-PK PEEK SUTUR	3004	23L245162	08/27	36800.00	73600.00	0.00	*****

Continued On...3

Total c/f 118445.70

10 दिन बाद दवाइया वापस नहीं की जाएँगी। जमा करने के लिये बिल जरूरी है। समय दोपहर 12 से शाम 04 तक

BONE & JOINT MULTI-SPECIALITY HOSPITAL
 9-A-10, Rajiv Gandhi Auditorium Road,
 R.C. Vyas Colony, Bhilwara (Raj.) 311001

DL No:100312-100313

GST TAX INVOICE

GST NO. : 08AYEPM0652N1Z5

B & J PHARMA

OPP.RAJIV GANDHI AUDITORIUM RC VYAS COLONY,BHILWARA-311001
 ,BHILWARA-311001,RAJ-08
 Phone : 01482-350361, 8764212223 PAN NO.
 CIN :- EMAIL:- drdungarwalarun@gmail.com

Patient : MURARI LAL MEENA
 ReferBy : DR.ARUN DUNGARWAL

INVOICE No : A-0001004
 Date : 30/01/25

QTY	PACK	PRODUCT NAME	HSN	BATCH	EXP	MRP	AMOUNT	GST%	TAXABLE
Continued From... 2					Total b/f	118445.70			
1	1	ETHILON 3-0 SURGICAL BLADE 11 NO.	3004	V2031 290423	10/27 02/28	238.00 5.00	238.00 5.00	12.00 0.00	212.50 5.00

No. of Items : 42

PAYMENT MODE: Credit

CGST(@ 2.50% on Rs. 289.42,@ 6% on Rs. 3125.68)

SGST(@ 2.50% on Rs. 289.42,@ 6% on Rs. 3125.68)

TOTAL	118688.70
DISCOUNT	-0.30
LESS RETUR	0.00
ADD SGST	194.77
ADD CGST	194.77
Net Amount	118689.00

GET WELL SOON

1.Consult your Doctor before using Medicines.

All Subject to BHILWARA only.

USER:- PRADP

2.Goods once sold will not be taken back

E.&O.E.

For B & J PHARMA

10 दिन बाद दवाइया वापस नहीं की जाएँगी। जमा करने के लिये बिल जरूरी है। समय दोपहर 12 से शाम 04 तक

BONE & JOINT MULTI-SPECIALITY HOSPITAL
 9-A-30, Rajiv Gandhi Auditorium Road,
 R.C. Vyas Colony, Bhilwara (Raj.) 311001

DL No:100312-100313

GST TAX INVOICE

GST NO. : 08AYEPM0652N1Z5

B & J PHARMA

OPP.RAJIV GANDHI AUDITORIUM RC VYAS COLONY,BHILWARA-311001
 ,BHILWARA-311001,RAJ-08
 Phone : 01482-350361, 8764212223 PAN NO.
 CIN :- EMAIL:- drdungarwalarun@gmail.com

Patient : MURARI LAL MEENA
 ReferBy : DR.ARUN DUNGARWAL

INVOICE No : A-0001007
 Date : 31/01/25

QTY	PACK	PRODUCT NAME	HSN	BATCH	EXP	MRP	AMOUNT	GST%	TAXABLE
1	1*DEFA	FUTEX-1.5 INJ.	1902	GUFR05	06/25	380.00	380.00	12.00	339.28
1	2ml	AMICIN 500 INJ	3004	GHL-0123	06/26	113.00	113.00	12.00	100.90
1	INJ	DICLO AQ 1ML INJ	3004	ZFA-23273	10/25	16.00	16.00	0.00	16.00
1	1's	RL 500ML (KAPLIFE)	3004	KA5224034	08/27	63.26	63.26	12.00	56.48
1	2 ml	SUPRIDOL INJ.	3004	KP1568139	09/26	23.54	23.54	12.00	21.02
2	5 ML	DISPO 5ML (DISPOVAN)	3004	343055SK1	09/28	22.00	44.00	12.00	39.28
1	1	IV SET CHIRON	3004	24J022	08/27	120.00	120.00	0.00	120.00
1	1 *DEF	DISPO 10 ML (DISPO-VAN)	3004	N24G61C05	01/30	20.00	20.00	12.00	17.86

No. of Items : 8

PAYMENT MODE: Credit

CGST(@ 6% on Rs. 574.82)

SGST(@ 6% on Rs. 574.82)

TOTAL	779.80
DISCOUNT	-0.20
LESS RETUR	0.00
ADD SGST	34.49
ADD CGST	34.49
Net Amount	780.00

GET WELL SOON

1.Consult your Doctor before using Medicines.

All Subject to BHILWARA only.

USER:- ADMIN

2.Goods once sold will not be taken back

E.&O.E.

For B & J PHARMA

10 दिन बाद दवाइया वापस नहीं की जाएँगी। जमा करने के लिये बिल जरूरी है। समय दोपहर 12 से शाम 04 तक

BONE & JOINT MULTI-SPECIALITY HOSPITAL
 9-A-30, Rajiv Gandhi Auditorium Road,
 R.C. Vyas Colony, Bhilwara (Raj.) 311001

FORM B

[See Rules 6(2), 6(5) and 8(2)]
CERTIFICATE OF REGISTRATION
(To be issued in duplicate)

1. In exercise of the powers conferred under Section 19 (1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority **Dr. CHETENDRA PURI GOSWAMI** hereby grants registration to the Genetic Counselling Centre/Genetic Laboratory/Genetic Clinic/Ultrasound Clinic*/Imaging Centrenamed below for purposes of carrying out Genetic Counselling/Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/ultrasonography under the aforesaid Act for a period of five years ending on 21/9/2026
2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years apart from prosecution.

A. Name and address of the Genetic Counselling

**K.P. DIAGMOSITC
RAJIV GANDHI ODITOROYAN
8-F-6 R.C.VYAS COLONY, BHILWAR**

Centre/ Genetic Laboratory/ Genetic Clinic/
Ultrasound Clinic*/ Imaging Centre

**B. Pre-natal diagnostic procedures* approved for
(Genetic Clinic).***Non-Invasive*

(i) Ultrasound*

Invasive

(ii) Amniocentesis

(iii) Chorionic villi biopsy

(iv) Foetoscopy

(v) Foetal skin or organ biopsy

(vi) Cordocentesis

(vii) Any other (specify)

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory)

(i) Chromosomal studies

(ii) Biochemical studies

(iii) Molecular studies

D. Any other purpose (please specify)**3. Model and make of equipments being used-**

1- VOLUSON Model No. E8 WITH GPS S.No.-D24586 (Sonography)

2- MRI- GE LX 1.5T Echo Speed Model No. GEMS S.No.R1518

(any change is to be intimated to the Appropriate Authority under rule 13).

4. Registration No. allotted :-66/2016

5. Period of validity of earlier Certificate of Registration From20/09/2021 To 21/9/2026

(DR. CHETENDRA PURI GOSWAMI)

Appropriate Authority PCPNDT &
Chief Medical & Health Officer,
मुख्य एम्डीजी भीलवाड़ा
Bhilwara, राजस्थान

Date: ८।।०।।१६

Place: BHILWARA

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

(*Strike out whichever is not applicable or necessary.)

KP TOWER, R.C. Vyas Colony, Near Rajeev Gandhi Auditorium, Bhilwara - 311001 (Raj.) Ph.: 01482-256830-31

Murari Lal Meena
Dr. Arun Dungarwal

46yrs/M

23-12-2024

MRI LEFT SHOULDER

Findings:

Complete tear of supraspinatus tendon at its insertion with about 25mm retraction.

Joint effusion with fluid in subacromial subdeltoid bursa.

Articular margins of bones forming the Shoulder joint are normal - marrow signal intensity is maintained. No focal area of cortical breech or any focal deformity is seen.

Acromio-clavicular joint is normal.

Surrounding muscle groups are normal.

Glenoid and labrum are normal - no tear is seen.

Major ligaments are normal

Impression:

- Complete tear of supraspinatus tendon at its insertion with about 25mm retraction.
- Joint effusion with fluid in subacromial subdeltoid bursa.



Dr. Kamal Agrawal, MD,DNB, FRCR
Consultant Radiologist

- NOTE :**
- This Report is not valid for Medico-legal Purpose.
 - This is an impression & not the final diagnosis. It should be Correlated with relevant clinical data & investigations.

"Be Happy & Be Healthy"

PAT001399 MR MURARI LAL MEENA.. Male CHEST 30/01/2025

R

AP

8cm

8cm

BONE AND JOINT MULTISPECIALTY HOSPITAL BHILWARA 876-4-21-22-23