



GR. FLOOR, HEREMES CENTER, SECTOR 17,  
PALM BEACH ROAD, VASHI VASHI MAHARASHTRA - 400703  
IFSC CODE : IBKL0000123

VALID FOR THREE MONTHS ONLY

<input type="checkbox"/>								
D	D	M	M	Y	Y	Y	Y	Y

या धारक को OR BEARER

PAY \_\_\_\_\_

रुपये RUPEES \_\_\_\_\_

अदा करें।



UTILITY FORMS PVT. LTD. / CTS - 2010 M

18/03/2021

खाता से  
A/c No.

123104000133739

Savings

Payable At Par At All IDBI Bank Branches



Shaiikh S  
SAMIR D SHAIKH

Please sign above

985826 400259015 012300 31

Shaiikh S

## CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

(To be Filled in block letters)

## DETAILS OF PRIMARY INSURED:

a) Policy No.: **1016004820251652** b) Sl. No/ Certificate no. **000000000000**

c) Company/TPA ID No: **000231764**

d) Name: **SAMIR RAM SHAIKH** FIRST NAME **SAMIR** MIDDLE NAME **RAM**

e) Address: **ROOM NO. 119, PUNEANE GANJ**  
**MUMBAI**

City: **MUMBAI** State: **MAHARASHTRA**

Pin Code **400709** Phone No: **8369736615** Email ID: **9773682150**

## DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance:  Yes  No b) Date of commencement of first Insurance without break: **07 MAR 2025**

c) If yes, company name: **THE ORIENTAL INSURANCE CO. LTD.** Policy No. **PAN-000000000000**

Sum insured (Rs.) **000000000000** d) Have you been hospitalized in the last four years since inception of the contract?  Yes  No

Diagnosis: **smell loss**

e) Previously covered by any other Mediclaim /Health insurance :  Yes  No

## DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: **MISS NANO SAMIR RAM SHAIKH**

b) Gender Male  Female  c) Age years **18** Months **MM** d) Date of Birth **15/06/2006**

e) Relationship to Primary insured: Self  Spouse  Child  Father  Mother  Other  (Please Specify)

f) Occupation Service  Self Employed  Home Maker  Student  Retired  Other  (Please Specify)

g) Address (if different from above): **SAMIR AS ABOVE**

City: **MUMBAI** State: **MAHARASHTRA**

Pin Code **400709** Phone No: **8369736615** Email ID: **9773682150**

## DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted: **PASHUPATHI SUPER SPECIALITY CARE PVT LTD**

b) Room Category occupied: Day care  Single occupancy  Twin sharing  3 or more beds per room

c) Hospitalization due to: Injury  Illness  Maternity  d) Date of injury / Date Disease first detected /Date of Delivery: **07 MAR 2025**

e) Date of Admission: **02/02/2025** f) Time **8:14 5 PM** g) Date of Discharge: **02/02/2025** h) Time: **04:55 PM**

i) If injury give cause: Self inflicted  Road Traffic Accident  Substance Abuse / Alcohol Consumption  i) If Medico legal  Yes  No

j) Reported to Police   iii. MLC Report & Police FIR attached  Yes  No j) System of Medicine: **Allopathic**

## DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed

i. Pre-hospitalization expenses	Rs. <b>000000000000</b>	ii. Hospitalization expenses	Rs. <b>000000000000</b>
ii. Post-hospitalization expenses	Rs. <b>000000000000</b>	iv. Health-Check up cost:	Rs. <b>000000000000</b>
v. Ambulance Charges:	Rs. <b>000000000000</b>	Others (code): <b>000000000000</b>	Rs. <b>000000000000</b>
vi. Total Pre-hospitalization period: days	<b>0000</b>	Total	<b>000000000000</b>
b) Claim for Domiciliary Hospitalization:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, provide details in annexure)	
c) Details of Lump sum / cash benefit claimed:			
i. Hospital Daily cash:	Rs. <b>000000000000</b>	ii. Surg. Cash:	Rs. <b>000000000000</b>
iii. Critical Illness benefit:	Rs. <b>000000000000</b>	iv. Convalescence:	Rs. <b>000000000000</b>
v. Pre/Post hospitalization Lump sum benefit: Rs.	<b>000000000000</b>	Others:	Rs. <b>000000000000</b>

## Claim Documents Submitted - Check List:

- Claim form duly signed
- Copy of the claim intimation, if any
- Hospital Main Bill
- Hospital Break-up Bill
- Hospital Bill Payment Receipt
- Hospital Discharge Summary
- Pharmacy Bill
- Operation Theater Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (Including CT / MRI / USG / HPE)
- Doctor's Prescriptions
- Others

## DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.	D D M M Y Y			Hospital main Bill	→ 123805/-
2.	D D M M Y Y			Pre-hospitalization Bills: Nos	→ 17580/-
3.	D D M M Y Y			Post-hospitalization Bills: Nos	→ 4350/-
4.	D D M M Y Y			Pharmacy Bills	→ 45740/-
5.	D D M M Y Y				
6.	D D M M Y Y				
7.	D D M M Y Y				
8.	D D M M Y Y				
9.	D D M M Y Y				
10.	D D M M Y Y				

## DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN: **B4HAPB9660J** b) Account Number: **1231040001337391**

c) Bank Name and Branch: **JPBI BANK**

d) Cheque / DD Payable details: **CHEQUE**

e) IFSC Code: **JPBK0000123**

(IMPORTANT: PLEASE TURN OVER)

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

SECTION F

SECTION G

## DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

SECTION H

Date **16** | **02** | **2025** Place: \_\_\_\_\_

Signature of the Insured

## GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the Insured)

DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) SI. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
<b>SECTION B - DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
<b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, If others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option, If others, please specify
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury/Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amount in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED's BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

### CLAIM FORM - PART B

TO BE FILLED IN BY THE HOSPITAL

The issue of this Form is not to be taken as an admission of liability  
Please include the original preauthorization request form in lieu of PART A

(To be Filled in block letters)

#### DETAILS OF HOSPITAL

a) Name of the hospital:	BASIL SUPERSPECIALITY CARE PVT. LTD.										
a) Hospital ID:	<input type="text"/>					c) Type of Hospital:	Network: <input type="checkbox"/>	Non Network: <input checked="" type="checkbox"/>	(if non network fill section E)		
c) Name of the treating doctor:	Dr. Devidas Chavan										
e) Qualification:	MSSS, PGDS (Medicine)					f) Registration No. with State Code:	<input type="text"/>				
g) Phone No. <input type="text"/>											

SECTION A

#### DETAILS OF THE PATIENT ADMITTED

**Reg. No. 2086/05/2003.**

a) Name of the Patient:	MISS. R. 2086 SANJANA SHAIKH									
b) IP Registration Number:	<input type="text"/>		c) Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	d) Age: Years <input type="text"/> Months <input type="text"/>	e) Date of birth: <input type="text"/> <input type="text"/> <input type="text"/>					
f) Date of Admission:	<input type="text"/> <input type="text"/>		g) Time: <input type="text"/> <input type="text"/> <input type="text"/> PM	h) Date of Discharge: <input type="text"/> <input type="text"/> <input type="text"/>	i) Time: <input type="text"/> <input type="text"/> <input type="text"/> PM					
j) Type of Admission:	Emergency <input checked="" type="checkbox"/>	Planned <input type="checkbox"/>	Day Care <input type="checkbox"/>	Maternity <input type="checkbox"/>	k) If Maternity <input type="checkbox"/>	l) Date of Delivery: <input type="text"/> <input type="text"/> <input type="text"/>	m) Gravida Status: <input type="checkbox"/>			
l) Status at time of discharge:	Discharge to home <input checked="" type="checkbox"/>	Discharge to another hospital <input type="checkbox"/>	Deceased <input type="checkbox"/>	m) Total claimed amount <input type="text"/>						

SECTION B

#### DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
I. Primary Diagnosis:	<input type="text"/>	AFI C LRTI	Procedure 1:	<input type="text"/>	<input type="text"/>
ii. Additional Diagnosis:	<input type="text"/>	<input type="text"/>	ii. Procedure 2:	<input type="text"/>	<input type="text"/>
iii. Co-morbidities:	<input type="text"/>	<input type="text"/>	iii. Procedure 3:	<input type="text"/>	<input type="text"/>
iv. Co-morbidities:	<input type="text"/>	<input type="text"/>	iv. Details of Procedure:	<input type="text"/>	

SECTION C

c) Pre-authorization obtained:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Pre-authorization Number: <input type="text"/>			
e) If authorization by network hospital not obtained, give reason:	<input type="text"/>				
f) Hospitalization due to injury: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	g) If Yes, give cause	Self-inflicted <input type="checkbox"/>	Road Traffic Accident <input type="checkbox"/>	Substance abuse / alcohol consumption <input type="checkbox"/>	
h) If injury due to substance abuse / alcohol consumption, Test conducted to establish this: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If Yes, attach reports)		i) If Medico legal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
v. FIR No. <input type="text"/>	vi. If not reported to police give reason: <input type="text"/>				

SECTION D

#### CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- Claim Form duly signed
- Original Pre-authorization request
- Copy of the Pre-authorization approval letter
- Copy of Photo ID Card of patient Verified by hospital
- Hospital Discharge summary
- Operation Theatre Notes
- Hospital main bill
- Hospital break-up bill

- Investigation reports
- CT/MR/USG/HPE investigation reports
- Doctor's reference slip for investigation
- ECG
- Pharmacy bills
- MLC reports & Police FIR
- Original death summary from hospital where applicable
- Any other, please specify

Attached

#### ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital:	<input type="text"/>									
BASIL SUPERSPECIALITY CARE PVT. LTD.										
Plot no. 12, Near D-Mart Bonkade Road,										
Sec. 10, Koperkhairane.										
City: <input type="text"/>	State: <input type="text"/>									
Pin Code: <input type="text"/>	b) Phone No. <input type="text"/>	c) Registration No. with State Code: <input type="text"/> B60								
d) Hospital PAN: <input type="text"/>	e) Number of Inpatient beds: <input type="text"/> 122	f) Facilities available in the hospital								
iii. Others: <input type="text"/>	i. OT <input type="checkbox"/> Yes <input type="checkbox"/> No ii. ICU <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

SECTION E

#### DECLARATION BY THE HOSPITAL

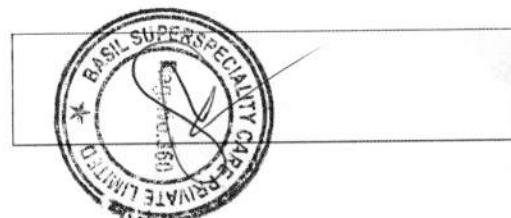
(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date:

Place:

Signature and Seal of the Hospital Authority:



SECTION F



Member ID : VOLO02331764  
Name : Zoya Samir Shaik  
DOB/Gender : 15-06-2012 (Female)  
Relation : DAUGHTER  
Employee ID : 1049  
Policy No. : 131600/48/2025/1652  
Plan Period : 03-01-2025 TO 02-01-2026  
Organization : Navi Mumbai Municipal Transport Contractual Employees



3845

**INSTRUCTION:**

- For Planned hospitalization the Pre-authorization is compulsory from Volo prior to planned admission and within 24 hours from admission for emergencies.
- Kindly submit a copy of this card & photo ID proof such as voter ID, Driving License, Passport etc. at the Network Hospital for the cashless facility.
- In case of Reimbursement of claim kindly collect all necessary documents from the hospital for early Claim settlement.
- All terms and conditions of the policy shall be applicable.
- Please refer to the policy terms and conditions for further details.
- For any Claim related assistance please contact our TPA on the mentioned numbers.

E-mail : crmmumbai2@volohealthtpa.com | Tollfree No. 1800202030

Volo Health Insurance TPA Pvt. Ltd.  
(East West Assist Insurance TPA Pvt. Ltd.)  
Unit No 902/A, Sumer Plaza, Marol Maroshi Road, Andheri East  
Mumbai – 400059



*Shainkh S.P.*

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SAMIR DAGDU SHAIKH  
DAGDU MAHEBOOB SHAIKH  
15/06/1981

Permanent Account Number

BYHPS9660J

Shaiikh S.D.

Signature



Shaiikh S.D.

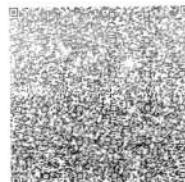


भारत सरकार  
Government of India

भारतीय विशेष ओळख प्राधिकरण  
Unique Identification Authority of India

नॉदणी क्रमांक / Enrollment No.: 2006/70103/86808

To  
समीर दग्दु शेख  
Samir Dagdu Shaikh  
S/O Dagdu Shaikh.  
Room No. 114, Thane Belapur Road  
Sant Bhagwan Baba Chawli, Pawane Gaon,  
VTC, Navi Mumbai,  
PO: Turhe.  
Sub District: Thane, District: Thane,  
State: Maharashtra.  
PIN Code: 400703.  
Mobile: 977365150  
80332352



आपला आधार क्रमांक / Your Aadhaar No.:

**6966 7427 3311**

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



Issue Date : 26/10/2012

समीर दग्दु शेख  
Samir Dagdu Shaikh  
जन्म तिरीख / DOB : 15/06/1981  
पुरुष / Male

**6966 7427 3311**  
माझे आधार, माझी ओळख

*Shaikh S Q*



भारत सरकार  
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

नॉटिस क्रमांक / Enrollment No.: 2821/42189/01126

To

जोया समिर शेख  
Zoya Samir Shaikh  
C/O: Samir Shaikh,  
Room No-114, Sant Bhagwan Baba Chawl, Thane Belapur Road,  
Near Ganesh Mandir, Behind Zydus Company, Pawane Gaon,

Vashi.

VTC: Navi Mumbai.

PO: Vashi,

Sub District: Thane, District: Thane,

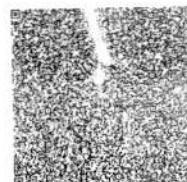
State: Maharashtra.

PIN Code: 400703.

Mobile: 9773682150



MC367811349FL



आपला आधार क्रमांक / Your Aadhaar No. :

**4808 6757 9940**

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



जोया समिर शेख  
Zoya Samir Shaikh  
जन्म तारीख / DOB : 15/06/2012  
स्त्री / Female

Issue Date : 04/02/2017

**4808 6757 9940**

माझे आधार, माझी ओळख

*Shaikh SR*



## Discharge Summary

UHID No.: 2024-2025/3108

IPD No.: IP/1144

Name of Patient:- Miss. ZOYA SAMIR SHAIKH

Address:- ROOM NO : 114 PAWANE GAON

Age:- 13

Gender:- Female

Treating Consultant:- Dr. Devidas Chavan

Ref By:- DR.RAM SANGALE

Date of Admission:- 12-02-2025

Time of Admission:- 08:45 PM

Date of Discharge:- 16-02-2025

Time of Discharge:- 01:55 PM

### Chief Complaints:

HIGH GRADE FEVER WITH CHILLS, COUGH WITH CHEST PAIN, BODY PAIN, HEADACHE, ABDOMINAL PAIN, GEN-WEAKNESS SINCE 3-4 DAYS.

BP-90/60MMHG, PR-135/MIN, RR-22/MIN, SPO2-96%, TEMP-101F.

### Diagnosis:

AFI WITH LRTI

Investigation: ATTACHED WITH FILE.

### Treatment Given:

Notes:- M:- Morning, A:- Afternoon, E:- Evening, N:- Night, AF:- After Food, BF:- Before Food

Sr.	MEDICINE	Route	M-Qty	A-Qty	E-Qty	N-Qty	AF/BF	DURATION	INSTRUCTIONS
1.	*INJ MONOCEF 1GM IN 100ML NS IV		1	-	-	1		Days	
2.	INJ RABEZ 20MG		1	-	-	1		Days	
3.	INJ EMESET 4 MG		1	1	-	1		Days	
4.	INJ NERVISAVE 1AMP		1	-	-	-		Days	
5.	* INJ PCM 1 GM		-	-	-	-		Days	
6.	INJ FALCIGO 120MG		1	-	-	-		Days	
7.	TAB DOXY 100MG		1	-	-	1		Days	
8.	SYP ASCORIL D 5ML		1	1	-	1		Days	
9.	NEB DUOLIN +BUDECORT		1	1	-	1		Days	
10.	STEAM		1	1	-	1		Days	
11.	NS GARGLE		1	1	-	1		Days	

Sr.	MEDICINE	Route	M-Qty	A-Qty	E-Qty	N-Qty	AF/BF	DURATION	INSTRUCTIONS
12.	TAB AZEE 500		1	-	-	-		Days	
13.	TAB LEVOCET 5 MG		-	-	-	1		Days	
14.	TAB DOLO 500MG		-	-	-	-		Days	
15.	CAP ACEVEL 100MG		1	-	-	-		Days	

Condition at the time of Discharge: STABLE

**Treatment Advised:**

Notes:- M:- Morning, A:- Afternoon, E:- Evening, N:- Night, AF:- After Food, BF:- Before Food

#	MEDICINE	Route	M-Qty	A-Qty	E-Qty	N-Qty	AF/BF	DURATION	INSTRUCTIONS
1.	* TAB ZIFI 200MG		1	-	-	1		5 Days	
2.	TAB PAN D		1	-	-	1		5 Days	
3.	TAB LEVOCET 5MG		-	-	-	1		5 Days	
4.	* TAB DOLO 650 MG		-	-	-	-		5 Days	
5.	SYP ASCORIL D 2.5 ML		1	1	-	1		5 Days	
6.	CAP 5G PLUS		-	-	-	1		10 Days	

**Advice On Follow Up:**

FOLLOW UP AFTER 5 DAYS WITH CBC.

\*I have been explained the medicines and care to be taken at home.

Received all the reports, x-rays and discharge summary.

Discharge Summary Finalized By:- DR DEVIDAS CHAVAN

IN CASE OF EMERGENCY/URGENT CARE REQUIRED PLEASE CONTACT TO CASUALTY ON  
02224541212/7900009802

----- END OF REPORT -----



Parent / Relative

Discharge Card Received By

DR SUNIL  
(RMO) Medical Officer

(Dr. Devidas Chavan)

Treating Doctor

Date : 16-02-2025 01:55 PM



# BASIL SUPER SPECIALITY CARE PVT LTD



ISO Certified 9001:2015

Plot No. 12, Near D-Mart, Sector 10, Bonkade Road, Koparkhairane, Navi Mumbai - 400 709.  
 ☎ 79000 09802 ☎ 022 - 2754 1212 ✉ basilhospital2021@gmail.com

## FINAL BILL

Bill No	: 1139	Bill Date	: 16-02-2025 .
IPD No	: IP/1144	UHID No	: 2024-2025/3108
Patient Name	: Miss. ZOYA SAMIR SHAIKH		
Contact No	: 9773682150	Age/Sex	: 13/Female
Admission Ward	: 2nd Floor	Bed No.	: TWIN SHARING
Date of Admission	: 12-02-2025 08:45 PM	Date of Discharge	: 16-02-2025 01:55 PM
Doctor In Charge	: Dr. Devidas Chavan	Referring Doctor	: DR.RAM SANGALE

SNo.	Particular	Amount Rs.	Unit/Days	Total
1.	REGISTRATION CHARGES	500.00	1	500
2.	BED CHARGES TWIN SHARING	1,800.00	5	9,000
			Sub Total	9,000.00
3.	CONSULTANT CHARGES Dr. Devidas Chavan (TWIN SHARING)	850.00	7	5,950
			Sub Total	5,950.00
4.	NURSING CHARGES Nursing Charges (TWIN SHARING)	650.00	5	3,250
			Sub Total	3,250.00
5.	RMO CHARGES RMO Charges (TWIN SHARING)	550.00	5	2,750
			Sub Total	2,750.00
6.	ECG CHARGES	400.00	1	400
7.	HGT	150.00	5	750
8.	PROCEDURE CHARGES Nebulisation	150.00	10	1,500
	STEAM INHALATION	150.00	9	1,350
			Sub Total	2,850.00
9.	RADIOLOGY CHARGES X-RAY CHEST AP	1,000.00	1	1,000
			Sub Total	1,000.00

### Payment Details

Total Bill Amount : 26,450.00

Discount (Rs.): 2,645.00

Advanced/Received Amount : 23,805.00

Balance Amount : 0.00

Advanced/Received Amount (In Words) : Twenty Three Thousand Eight Hundred and Five Rupees

Balance Amount (In Words) :

Thank You	Receiver Sign :
-----------	-----------------

Date	Amount	Payment Type	Payment Mode	Transaction ID
13-02-2025	5000.00	Deposit	In Hand Cash	
16-02-2025	18805.00	Against Bill	In Hand Cash	





# BASIL SUPER SPECIALITY CARE PVT LTD



ISO Certified 9001:2015

Plot No. 12, Near D-Mart, Sector 10, Bonkade Road, Koparkhairane, Navi Mumbai - 400 709.  
⑨ 79000 09802 ⑫ 022 - 2754 1212

✉ basilhospital2021@gmail.com

## RECEIPT

<b>BILL No.</b>	:	1139
<b>Receipt No</b>	:	1911
<b>IPD No</b>	:	IP/1144
<b>UHID No</b>	:	2024-2025/3108
<b>Patient Name</b>	:	ZOYA SAMIR SHAIKH
<b>Received Date</b>	:	16-02-2025
<b>Amount</b>	:	Rs. 18,805.00
<b>Amount (In Words)</b>	:	Eighteen Thousand Eight Hundred and Five Rupees
<b>Payment Type</b>	:	Against Bill
<b>Payment Mode</b>	:	In Hand Cash

Thank You

Prepared By:- SWAPNA SAWANT



Authoritative Authority



# BASIL SUPER SPECIALITY CARE PVT LTD



ISO Certified 9001:2015

Plot No. 12, Near D-Mart, Sector 10, Bonkode Road, Koparkhairane, Navi Mumbai - 400 709.  
G 79000 09802 ☎ 022 - 2754 1212 ✉ basilhospital2021@gmail.com

## RECEIPT

BILL No.	:	1139
Receipt No	:	1910
IPD No	:	IP/1144
UHID No	:	2024-2025/3108
Patient Name	:	ZOYA SAMIR SHAIKH
Received Date	:	13-02-2025
Amount	:	Rs. 5,000.00
Amount (In Words)	:	Five Thousand Rupees
Payment Type	:	Deposit
Payment Mode	:	In Hand Cash

Thank You

Prepared By:- SWAPNA SAWANT



# BILL OF SUPPLY

BASIL MEDICO

Patient : ZOYA SHAIKH

CABIN NO.1, GROUND FLOOR, PLAT NO.1 Address :

Inv.No: CR/9877

LIONESS AND LIONS CLUB OF NEW BOMBA Doctor : BASIL HOSPITAL

Date : 12/02/2025

BONKODE ROAD, KOPARKHAIRNE, NAVI MU Address :

Time : 17:40:00

State Code : 27 MAHARASHTRA State Code: 27 MAHARASHTRA

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2 x 100 ML	NS	BAXT	2501041011	12/26	47.10	47.10	94.20
1 x 500 ML	NS	BAXT	2401002458	11/26	98.40	98.40	98.40
1 x 500 ML	RL	BAXT	2401017238	11/26	72.70	72.70	72.70
x 1	IV SET	POLY	24L19	11/27	305.00	305.00	305.00
2 x 10 ML	SYRINGE 10 ML	LIFE	112410-EF	10/29	50.50	50.50	101.00
1 x 2 ML	SYRINGE 2 ML	LIFE	072408	06/29	24.00	24.00	48.00
2 x 5 ML	SYRINGE 5 ML	LIFE	112405-V	10/29	33.00	33.00	66.00

Continued On Next Page . . .

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Inv.No: CR/9877
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Date : 12/02/2025
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	Time : 17:40:00
State Code : 27 MAHARASHTRA		
State Code: 27 MAHARASHTRA		

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 1	VENEPORT NO 22	SUR	G24K010790	10/29	307.00	307.00	307.00
1 x 1	CANULA FIXATOR	3M I	C003	08/27	110.00	110.00	110.00
1 x 1	THREE WAY	SUR	G24J010819	09/29	225.00	225.00	225.00
2 x 1GM	SUPRAVA 1GM INJ	BIOC	H042416	03/26	69.00	69.00	138.00
1 x 1	ROSRABE 20MG INJ	*	IG24028D	08/26	550.00	550.00	1100.00
2 x 1VIAL	ONDESTERON INJ	INTA	A24AM427	09/26	13.35	13.35	26.70
1 x 1	METHYNEL 2ML INJ	NELI	24LG041	12/25	299.00	299.00	299.00
2 x 100ML	NEOMOL I.V.	3M I	383T703	06/26	522.00	522.00	1044.00
2 x 1	SUNATEROS 120MG	*	N24173D	09/26	472.12	472.12	944.24
1 x TAB	DOXY 1 100	USV	B24-109	06/26	40.00	40.00	5.00
1 x 100 ML	ASCORIL D + SYRUP	GLE	11240419	03/26	154.50	154.50	154.50

Continued On Next Page . . .

# BILL OF SUPPLY

BASIL MEDICO : Patient : ZOYA SHAIKH  
 CABIN NO.1, GROUND FLOOR, PLAT NO.1 : Address : Inv.No: CR/9877  
 LIONESS AND LIONS CLUB OF NEW BOMBA : Doctor : BASIL HOSPITAL Date : 12/02/2025  
 BONKODE ROAD, KOPARKHAIRNE, NAVI MU : Address : Time : 17:40:00  
 State Code : 27 MAHARASHTRA : State Code: 27 MAHARASHTRA

X	PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2	x 1	NEEDLE NO 18	SUR	4220634	07/29	6.50	6.50	13.00
2	x 1	NEEDLE NO 27 1.5	3M I	4025029	01/29	4.50	4.50	9.00

MEDICLAIM  
 For BASIL MEDICO  
  
 ( REGD. PHARMACIST )

D.L.No.: MH-TZ7-434621, MH-TZ7-434622  
Mob.:

**BASIL MEDICO**  
 Cabin No.01, Ground Floor,  
 Plot No.12, Lioness & Lions Club  
 Sector 10, Kopar Khairane,  
 Navi Mumbai 400709.

GROSS :	5465.74
ADD :	0.00
LESS :	0.00
NET AMT :	5465.74

# BILL OF SUPPLY

BASIL MEDICO	Patient : ZOYA SHAIKH	
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Inv.No: CR/9928
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Date : 14/02/2025
BONKODE ROAD, KOPARKHAIRANE, NAVI MU	Address :	Time : 17:42:00
State Code : 27 MAHARASHTRA	State Code: 27 MAHARASHTRA	

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 1	POLYNEO 24	3M I	32040246	08/29	236.00	236.00	236.00
1 x 1	CANULA FIXATOR	3M I	C003	08/27	110.00	110.00	110.00

## **BASIL MEDICO**

Cabin No.01, Ground Floor,

Plot No.12, Lioness & Lions Club,

Sector 10, Koparkhairane,

Navi Mumbai - 400709.

Subject To THANE Jurisdiction

For **BASIL MEDICO**

( REGD. PHARMACIST )

D.L.No.: MH-TZ7-434621, MH-TZ7-**Mop..**

GROSS :	346.00
ADD :	0.00
LESS :	0.00
NET AMT : 346.00	

**BASIL MEDICO**

CABIN NO.1, GROUND FLOOR, PLAT NO.12,  
LIONESS AND LIONS CLUB OF NEW BOMBAY,  
BONKODE ROAD, KOPARKHAIRNE, NAVI MUMBAI

**Receipt**

No.: ROPT/4808

Date : 16/02/2025

Received with thanks from ZOYA SHAIKH

the sum of Rupees seventeen thousand five hundred eighty

Five only

by Cheque / D.D. in full / part payment of Bill No. CR/9877,  
CR/9878, CR/9904, CR/9928, CR/9944

**BASIL MEDICO**

Cabin No.01, Ground Floor,  
Plot No 12, Lioness & Lions Club,  
Sector 10, Koparkhairane,  
Navi Mumbai - 400709.

Rs. 17585.00

Mob.:

(Authorised Signatory)

# BILL OF SUPPLY

BASIL MEDICO	Patient : ZOYA SHAIKH	
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Inv.No: CR/9977
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Date : 16/02/2025
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	Time : 17:43:00
State Code : 27 MAHARASHTRA	State Code: 27 MAHARASHTRA	

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 10TAB	ZIFI 200 TAB	FDC	014J072	03/26	109.53	109.53	109.53

## BASIL MEDICO

Cabin No.01, Ground Floor,  
Plot No. 12, Lioness & Lions Club,

Get well soon  
Sector 10, Koparkhairane,  
Navi Mumbai 400709.  
Subject to THANE Jurisdiction

For **BASIL MEDICO**  
  
( REGD. PHARMACIST )

D.L.No.: MH-TZ7-434621, MH-TZ7-434622  
Mob.:

GROSS :	109.53
ADD :	0.00
LESS :	0.00
-----	
NET AMT :	109.53

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	Inv.No: CR/9904
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Date : 14/02/2025
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Time : 17:42:00
BONKODE ROAD, KOPARKHAIRANE, NAVI MU	Address :	
State Code : 27 MAHARASHTRA		State Code: 27 MAHARASHTRA

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2 x 1GM	SUPRAVA 1GM INJ	BIOC	H042416	03/26	69.00	69.00	138.00
2 x 1	ROSRABE 20MG INJ	*	IG24028D	08/26	550.00	550.00	1100.00
1 VIAL	ONDESTERON INJ	INTA	A24AM427	09/26	13.35	13.35	40.05
1	METHYNEL 2ML INJ	NELI	24LG04I	12/25	299.00	299.00	299.00
1 x 100ML	PROLOP IV	*	EL544512	08/26	542.49	542.49	1627.47
2 x 100 ML	NS	BAXT	2501041011	12/26	47.10	47.10	94.20
1 x 500 ML	NS	BAXT	2401002458	11/26	98.40	98.40	98.40

Continued On Next Page . . .

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	Inv.No: CR/9904
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Date : 14/02/2025
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Time : 17:42:00
BONKODE ROAD, KOPARKHAIRANE, NAVI MU	Address :	
State Code : 27 MAHARASHTRA		State Code: 27 MAHARASHTRA

X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 500 ML	RL	BAXT	2401017238	11/26	72.70	72.70	72.70
1 x 1	VENEPORT NO 22	SUR	G24K010790	10/29	307.00	307.00	307.00
1 x 1	POLYNEO 24	3M I	3204024G	08/29	236.00	236.00	236.00
1 x 1	THREE WAY	SUR	G24J010819	09/29	225.00	225.00	225.00
1 x 1	CANULA FIXATOR	3M I	C003	08/27	110.00	110.00	110.00
1 x 1	SUNATEROS 120MG	*	N24173D	09/26	472.12	472.12	472.12
1 x 2 ML	SYRINGE 2 ML	LIFE	072408	06/29	24.00	24.00	24.00

**BASIL MEDICO**

Cabin No.01, Ground Floor,  
Plot No.12, Lioness & Lions Club,  
Sector 10, Koparkhairane,  
Navi Mumbai - 400709.

GRBS	: 4843.94
ADD	: 0.00
LESS	: 0.00
NET AMT : 4843.94	

For **BASIL MEDICO**

( REGD. PHARMACIST )

D.L.No.: MH-TZ7-434621, MH-TZ7-434622 b.

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	Inv.No: CR/9878
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Date : 13/02/2025
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Time : 17:41:00
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	
State Code : 27 MAHARASHTRA		State Code: 27 MAHARASHTRA

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2 x 1GM	SUPRAVA 1GM INJ	BIOC	H042416	03/26	69.00	69.00	138.00
2 x 1	ROSRABE 20MG INJ	*	IG24028D	08/26	550.00	550.00	1100.00
1 x 1VIAL	ONDESTERON INJ	INTA	A24AM427	09/26	13.35	13.35	26.70
1 x 1	METHYNEL 2ML INJ	NELI	24LG04I	12/25	299.00	299.00	299.00
1 x 100ML	NEOMOL I.V.	SM I	383T703	06/26	522.00	522.00	1044.00
1 x 2.5ML	IPRALINGS RESPULES	MANK	A4AUX008	05/26	15.37	15.37	76.85
5 x 2ML	BUDAWAYS 0.5 RESP	MANK	A0MZX018	10/26	26.63	26.63	133.15
1 x 1	NEB MASK ADULT	CHIR	20211110	11/27	599.00	599.00	599.00
1 x 500 ML	NS	BAXT	2401002458	11/26	98.40	98.40	98.40
1 x 500 ML	RL	BAXT	2401017238	11/26	72.70	72.70	72.70
2 x 100 ML	NS	BAXT	2501041011	12/26	47.10	47.10	94.20

Continued On Next Page . . .

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	Inv.No: CR/9878
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Date : 13/02/2025
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Time : 17:41:00
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	
State Code : 27 MAHARASHTRA		State Code: 27 MAHARASHTRA

X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 5 TAB	AZEE 500	SM I	4SN1704	07/27	131.99	131.99	131.99
10 x 10 TAB	LEVOSET	LYK	2GT24529A	07/27	51.50	51.50	51.50
1 x 10 CAP	ACEVEL CAP	*	AC24-0201	06/26	67.00	67.00	67.00
1 x 15 TAB	DODO 650	MIC	2686	09/28	33.76	33.76	33.76

**BASIL MEDICO**  
 Cabin No.01, Ground Floor  
 Plot No.12, P.O. Box No. 100000  
 Sector 10, Koparkhairane,  
 Navi Mumbai - 400709.  
 Mob.: 9822445678/9822445679

For **BASIL MEDICO**  
  
 ( REGD. PHARMACIST )  
 D.L.No.: MH-TZ7-434621, MH-TZ7-  
 Mob.:

GROSS	: 3966.25
ADD	: 0.00
LESS	: 0.00
NET AMT	: 3966.25

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	Inv.No: CR/9944
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Date : 15/02/2025
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Time : 17:42:00
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	
State Code : 27 MAHARASHTRA		State Code: 27 MAHARASHTRA

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2 x 1GM	SUPRAVA 1GM INJ	BIODC	H042416	03/26	69.00	69.00	138.00
2 x 1	ROSRABE 20MG INJ	*	I624028D	08/26	550.00	550.00	1100.00
1 x 1VIAL	ONDESTERON INJ	INTA	A24AM427	09/26	13.35	13.35	40.05
2ML	METHYREL 2ML	3M I	LI40724	01/26	290.00	290.00	290.00
1 x 1	SUNATEROS 120MG	*	N24173D	09/26	472.12	472.12	472.12
2 x 100 ML	NS	BAXT	2501041011	12/26	47.10	47.10	94.20
1 x 500 ML	NS	BAXT	H4031641	10/26	39.04	39.04	39.04

Continued On Next Page . . .

**BILL OF SUPPLY**

BASIL MEDICO	Patient : ZOYA SHAIKH	Inv.No: CR/9944
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Date : 15/02/2025
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : BASIL HOSPITAL	Time : 17:42:00
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	
State Code : 27 MAHARASHTRA		State Code: 27 MAHARASHTRA

X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 500 ML	RL	BAXT	2401017238	11/26	72.70	72.70	72.70
1 x 1	POLYNED 24	3M I	32040246	08/29	236.00	236.00	236.00
2 x 10 ML	SYRINGE 10 ML	LIFE	102410-DY	09/29	50.50	50.50	101.00
2 x 2 ML	SYRINGE 2 ML	LIFE	092402-Q	08/29	24.00	24.00	48.00
1 x 1	NEEDLE NO 18	SUR	4220634	07/29	6.50	6.50	13.00
1 x 2.5ML	IPRALINGS RESPULES	MANK	A44UJX008	05/26	15.37	15.37	76.85
5 x 1	BUDEREL RESP	*	2400027	26.65	26.65	26.65	133.25

**BASIL MEDICO**  
Cabin No.01, Ground Floor,  
Plot No.12, Lioness & Lions Club,  
Sector 10, Koparkhairne - 400701  
Suburb: Navi Mumbai, Pin - 400701  
Jurisdiction: Navi Mumbai  
Mob.: 9869200000

For **BASIL MEDICO**

( REGD. PHARMACIST )

D.L.No.: MH-TZ7-434621, MH-TZ7-434622

GROSS	: 2854.21
ADD	: 0.00
LESS	: 0.00
NET AMT : 2854.21	



Plot No. 12, Near D-Mart, Sector 10, Bonkode Road, Koparkhairane, Navi Mumbai - 400 709.

⑤ 79000 09802 ⑥ 022 - 2754 1212 ⑦ basilhospital2021@gmail.com

Date 21/2/2025

1. It's Name Zoya Sheikh Age / Sex 13yrfDr. Name Devickas C IPD/OPD No. 1144

Veinflow NO 22 — ①

Camfire — ①

3way — ①

1 inj monocef 1gm — ②

1 inj Raebes 20mg — ②

1 inj Emset 4mg — ②

1 inj Nervisave — ①

1 inj Pcm 1gm — ②

1 inj falcigo 120mg — ②

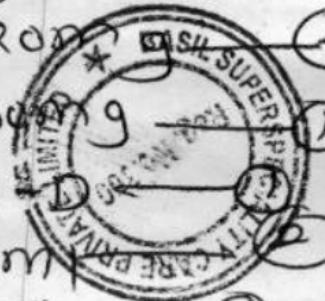
T - DOXY 100mg — ①

54P ASCORIL — ①

NS100ml — ①

500ml — ①

RL — ①



P10



28



Needle nose



2cc



5cc



Syringe 10cc



test



# BASIL SUPER SPECIALITY CARE PVT LTD



ISO Certified 9001:2015

Plot No. 12, Near D-Mart, Sector 10, Bonkode Road, Koparkhairane, Navi Mumbai - 400 709.

⑤ 79000 09802 ⑥ 022 - 2754 1212 ☐ basilhospital2021@gmail.com

Date: 13/2/2022 5-

Patient's Name Zoya Shaikh Age / Sex 13/F

Dr. Name Devidas .c IPD/OPD No. 1144

Inj monocet 1gm — ②

Inj Rabee 20mg — ②

Inj Emset 4mg — ②

Inj Noruisave — ①

Inj Pcm 1gm — ②

~~Inj~~ Duolin —

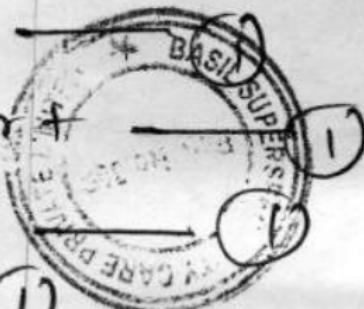
Neb Budicort —

Neb mask —

MS — ①

PL — ①

MS 100ml — ② P.T.O



① TB - D10500

① AAP - Acetyl

① TB - Leucet S

① TB - A2ee 500



medidair

## BASIL SUPER SPECIALITY CARE PVT LTD



ISO Certified 9001:2015

Plot No. 12, Near D-Mart, Sector 10, Bonkode Road, Koparkhairane, Navi Mumbai - 400 709.

⑤ 79000 09802 ⑥ 022 - 2754 1212 ✉ basilhospital2021@gmail.com

Date: 14/12/2025

Patient's Name Zoya Shaikh Age / Sex 31 FDr. Name Devidas IPD/OPD No. \_\_\_\_\_

(in) - monocet 1gm — (2)  
 (in) - Rabez 20mg — (2)  
 (in) Emset 4mg — (3)  
 (in) Herrulisave — (1)  
 (in) Pcm 9gm — (3)  
 MS (100ml) — (2)

MS 500ml — (1)

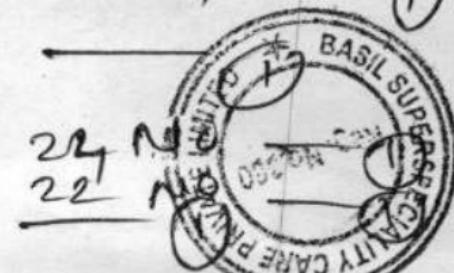
PZ — →

U. n. + row 22 — (2)

3way 22 — (2)

Fixator — (1)

(in) falciglo 120 — (1)





# BASIL SUPER SPECIALITY CARE PVT LTD

ISO Certified 9001:2015



Plot No. 12, Near D-Mart, Sector 10, Bonkode Road, Koparkhairane, Navi Mumbai - 400 709.

⑤ 79000 09802 ⑥ 022 - 2754 1212 ✉ basilhospital2021@gmail.com

Date: 14/12/2025

Patient's Name Zoya Sheikh Age / Sex 13y/F

Dr. Name Dr. Devinder IPD/OPD No. 1144

airflow - 24 → ①  
can fix ← ①





# BASIL SUPER SPECIALITY CARE PVT LTD



ISO Certified 9001:2015

Plot No. 12, Near D-Mart, Sector 10, Bonkode Road, Koparkhairane, Navi Mumbai - 400 709.

⑤ 79000 09802 ⑥ 022 - 2754 1212 ✉ basilhospital2021@gmail.com

Date: 15/2/2025

Patient's Name Zoyce Shaikh Age / Sex 13y/p

Dr. Name Devinder OPD/OPD No. 1145

Inj metoclopramide - 1gm - ②

Inj Rabene - ②

Inj Emaset - ③

Inj Mezavisan - ①

Inj Folic acid - ②

NS - 100ml - ②

NS - 500 ml - ①

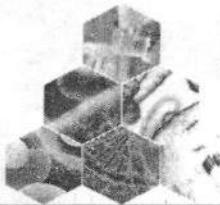
2L - 500 ml - ①

vein Fludc - 24 - ①

Syringe 10ml - ②



PTD



# SUYASH

## CLINICAL LABORATORY

Tel. : 2754 6261  
Mob. : 9820757235

SS - IIA, Shop No. 08, Sec. - 3, Koparkhairane, Navi Mumbai - 709, E-mail : suyashlaboratory@gmail.com

### Cash Memo

No. 28012

Date : 12/02/2025

Patient Zoya shankh Age/Sex 13/F

Referred by Dr. : Basil Hospital

No.	TEST NAME	AMOUNT
1	CBC MP	300
2	LFT	800
3	RFT	1200
4	Widal	200
5	NS-1	600
6	Urinerim	200
7		-
8		-
9		-
10		-
11		-
12		-
13		-
14		-
;		-
Rs.	Three thousand three Hundred only	TOTAL 3300
		ADV. -
		BAL. -
		TOTAL PAID 3300

Thank You!

For SUYASH CLINICAL LABORATORY





# SUYASH

## CLINICAL LABORATORY

Tel. : 2754 6261  
Mob. : 9820757235

SS - IIA, Shop No. 08, Sec. - 3, Kopar Khairane, Navi Mumbai - 709, E-mail: suyashlaboratory@gmail.com

### Cash Memo

No. 28032

Date: 15/02/2025

Patient Joya Shaiti Age/Sex F

Referred by Dr.: Basil Hospital

S.NO.	TEST NAME	AMOUNT
1	LFT	800
2	croc	250
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
5		
Rs. <u>One Thousand Fifty</u> <u>only</u>		TOTAL <u>1050</u>
		ADV. <u>—</u>
		BAL. <u>—</u>
		TOTAL PAID <u>1050</u>



Thank You!

For SUYASH CLINICAL LABORATORY



Mem No. 02288



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# SUYASH

## CLINICAL LABORATORY

SS - IIA, SHOP NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F

REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3818

DATE : 15-02-2025

### Complete Blood Count

#### TEST DONE

Erythrocyte Count

Haemoglobin

Leucocyte Count

#### R.B.C. Indices

P.C.V.

M.C.V.

M.C.H.

M.C.H.C.

R.D.W. - S.D.

#### W.B.C. differential count

Neutrophils

Eosinophils

Lymphocytes

Basophils

Monocytes

#### Peripheral Smear findings

WBC

RBC Morphology

Platelet Count

Method : Fully Automated Cell counter - Nihon Kohden MEK6420P

#### RESULT

**5.06****11.6**

5300

36.1

**71.3****23.1**

32.4

12.8

54

02

**44**

00

**00**

Normal

Normochromic Normocytic

319000

#### NORMAL RANGE

3.8 -- 4.8 mil per c.u. mm.

12 -- 15 gms/dl

4000 -- 10000 cu. mm.

36 -- 46 percent

83 -- 99 femtolitres

27 -- 32 pico-grams

31.5 -- 34.5 percent

11.6 -- 14.6 %.

45 -- 75 percent

0 -- 6 percent

20 -- 40 percent

0 -- 2 percent

2 -- 10 percent



- Mem No. 02288



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# SUYASH CLINICAL LABORATORY

SS - IIA, SHOP NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F

REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3818

DATE : 15-02-2025

## Liver function Tests

<u>TEST DONE</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
Serum Bilirubin - Total Method : Diazo End point	0.86	0 -- 1.2 mg/dl
Serum Bilirubin - Direct Method : Diazo end Point	0.41	0 -- 0.6 mg/dl
Serum Bilirubin - Indirect Method : Calculation	0.5	0 -- 0.6 mg/dl
Serum S.G.P.T. Method : IFCC Kinetic	18	0 -- 45 I.U./lit
Serum S.G.O.T. Method : IFCC Kinetic	21	0 -- 45 I.U./lit
Serum Protein Method : Biuret on fully automated system	7.0	6 -- 7.8 gms/dl
Serum Albumin Method : BCG	3.6	3.2 -- 4.5 gms/dl
Serum Globulin Method : Calculation	3.4	2.3 -- 3.5 gms/dl
Serum Alkaline Phosphatase	108	40 -- 150 U/L



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# SUYASH CLINICAL LABORATORY

SS - IIA, SHOP NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F  
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620  
DATE : 12-02-2025

## Urine Routine

### TEST DONE

### RESULT

#### Physical Examination

Quantity in ml.	10 ML
Colour	Pale yellow
Reaction	Acidic
Specific Gravity	1.010

#### Chemical Examination (Dip stick method)

##### Albumin

Interpretation :  
Trace = approx. 10 mg% of albumin  
+ = approx. 20 - 50 mg% of albumin  
++ = approx. 50 - 250 mg% of albumin  
+++ = approx. 300 - 1500 mg% of albumin  
++++ = approx. more than 2000 mg% of albumin

##### Sugar

##### Acetone

##### Bile Salts

##### Bile pigments

##### Urobilinogen

##### Occult Blood

### TRACE

Absent

Absent

Absent

Absent

Normal

Negative

#### Microscopic Examination

Red Blood Cells (per hpf.)	Absent
Pus cells (per hpf.)	3-4/HPF
Epithelial Cells	1-2/HPE
Casts	Absent
Crystals	Absent
Amorphous Material	Absent
Bacteria	Absent
Spermatozoa (Urine)	Absent

Dr. Sangeeta Bhide  
MD (Pathologist)  
Regn. No. 68364

Shettu Vinod A.  
B.Sc. (Microbiology)  
ADMLT (Mumbai) DIAC



Mem No. 02288



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# SUYASH

## CLINICAL LABORATORY

SS - HA, SHOP NO. Q8, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F  
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620

DATE: 12-02-2025

### Liver function Tests

#### TEST DONE

#### RESULT

#### NORMAL RANGE

Serum Bilirubin - Total Method : Diazo End point	0.92	0 -- 1.2 mg/dl
Serum Bilirubin - Direct Method : Diazo end Point	0.41	0 -- 0.6 mg/dl
Serum Bilirubin - Indirect Method : Calculation	0.5	0 -- 0.6 mg/dl
Serum S.G.P.T. Method : IFCC Kinetic	75	0 -- 45 I.U./lit
Serum S.G.O.T. Method: IFCC Kinetic	80	0 -- 45 I.U./lit
Serum Protein Method : Biuret on fully automated system	6.3	6 -- 7.8 gms/dl
Serum Albumin Method : BCG	3.4	3.2 -- 4.5 gms/dl
Serum Globulin Method : Calculation	2.9	2.3 -- 3.5 gms/dl
Serum Alkaline Phosphatase	96.5	40 -- 150 U/L



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# SUYASH

## CLINICAL LABORATORY

SS - IIA, SHOP. NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F  
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620

DATE : 12-02-2025

### COMPLETE BLOOD COUNT & MP

#### TEST DONE

#### RESULT

#### NORMAL RANGE

Erythrocyte Count

**5.46**

3.8 -- 4.8 mil per c.u. mm.

Haemoglobin

**12.6**

12 -- 15 gms/dl

Leucocyte Count

**15800**

4000 -- 10000 cu. mm.

#### R.B.C. Indices

P.C.V.

**39**

36 -- 46 percent

M.C.V.

**71.4**

83 -- 99 femtolitres

M.C.H.

**23.2**

27 -- 32 pico-grams

M.C.H.C.

**32.4**

31.5 -- 34.5 percent.

R.D.W. - S.D.

**13**

11.6 -- 14.6 %.

#### W.B.C. differential count

Neutrophils

**76**

45 -- 75 percent

Eosinophils

**04**

0 -- 6 percent

Lymphocytes

**20**

20 -- 40 percent

Basophils

**00**

0 -- 2 percent

Monocytes

**00**

2 -- 10 percent

#### Peripheral Smear findings

WBC

Normal

RBC Morphology

Normochromic Normocytic

Platelet Count

340000

150000 -- 450000 per.cu. mm.

Method : Fully Automated Cell counter - Nihon Kohden MEK6420P

Malarial Parasite

Not Seen

Method : Thick Smear.

Chances of detection are highest at the time of fever.  
Inability to see parasite in peripheral smear does not  
rule out Malaria. Smears on 2-3 times may be required in  
few cases.



Mem No. 02288



# SUYASH CLINICAL LABORATORY

SS - IIA, SHOP NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F  
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620

DATE : 12-02-2025

### TEST DONE

Serum Uric Acid

Method : Modified Tinder method

### RESULT

4.3

1 -- 7 mg /dl

### NORMAL RANGE



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# SUYASH

## CLINICAL LABORATORY

SS - IIA, SHOP NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
 AGE / SEX 13/F  
 REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620

DATE: 12-02-2025

### RENAL PROFILE

#### TEST DONE

#### RESULT

#### NORMAL RANGE

Serum Urea	16.9	15 -- 45 mg/dl
Method: Fixed time Kinetic		
Serum Creatinine	0.7	0.5 -- 1.2 mg/dl
Method : Jaffe's without deproteinization		
Serum Calcium	8.0	8 -- 10.5 mg /dl
Method : Arsenazo endpoint		
Serum Phosphorus	4.1	2.3 -- 4.7 mgm /dl
Method : End Point Ammonium Molybdate		
Serum Sodium	144	136 -- 145 meq/lit
Method : Ion Selective Electrode analysis		
Serum Potassium	4.1	3.5 -- 5.1 meq/lit
Method : Ion Selective Electrode analysis		
Serum Chloride	105.6	98 -- 107 meq/dl
Method : ION SELECTIVE ELECTRODE		
Serum Protein	6.3	6 -- 7.8 gms/dl
Method : Biuret on fully automated system		
Serum Albumin	3.4	3.2 -- 4.5 gms/dl
Method : BCG		
Serum Globulin	2.9	2.3 -- 3.5 gms/dl
Method : Calculation		



Mem No. 02288



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**SUYASH**  
**CLINICAL LABORATORY**

SS - IIA, SHOP NO. 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F

REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620

DATE : 12-02-2025

## REPORT ON DENGUE ANTIGEN TEST (ELISA)

### TEST DONE

DENGUE Ag

METHOD : ELISA

REF KIT : PAN BIO

### RESULT

5.6

#### REFERENCE RANGE :

<9 Ag units - Negative

Between 9-11 Ag units - Equivocal

>11 Ag units - Positive



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# SUYASH CLINICAL LABORATORY

SS - IIA, SHOP NO: 08, SECTOR - 3,  
KOPARKHAIRANE, NAVI MUMBAI - 709  
022 - 2754 6261 / 09820757235

PATIENT'S NAME : MISS ZOYA SHAIKH  
AGE / SEX 13/F  
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-3620

DATE : 12-02-2025

## WIDAL TEST.

### TEST DONE

S. Typhi Antigen O  
S. Typhi Antigen H  
S. Paratyphi A  
S. Paratyphi B  
METHOD : SLIDE AGGLUTINATION

### REMARK

### RESULT

1:40

1:40

NEGATIVE

NEGATIVE

WIDAL TEST IS NEGATIVE



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# SHREE SAMARTH DIAGNOSTIC CENTRE

SSDC

● 24 HRS DIGITAL X-RAY ● 24 HRS HOME VISIT AVAILABLE



NAME	MISS ZOYA	AGE/SEX	13 YRS/F
REF BY.	BASIL HOSPITAL	DATE	13 - 02- 2025

## X-RAY CHEST PA VIEW

### OBSERVATIONS :-

Mildly prominent bronchovascular markings noted in bilateral lung fields s/o mild bronchitis.

Prominent right hilar shadow noted.

Mediastinum is normal.

Cardiac size is normal.

Both domes of diaphragm are normal.

Both CP angles are clear.

Soft tissues and bony cage appear normal.

**IMPRESSION** :- Mildly prominent bronchovascular markings noted in bilateral lung fields s/o mild bronchitis.

Prominent right hilar shadow noted.

**ADVICE** :- Clinical correlation and follow up.

Dr. Avinash. Rathod.  
MBBS, DMRD.  
Consultant Radiologist  
Reg.no 2011/05/1616.

**Disclaimer:** It is an online interpretation of medical imaging based on clinical data. Modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

◆ KHOPOLI ◆ KARJAT ◆ ALIBAGH ◆ PANVEL ◆ KARANJADE ◆ KAMOTHE ◆ VASHI ◆ AIROLI ◆ ULHASNAGAR ◆ KALYAN

FOR EMERGENCY ☎ 8390267457 / 9665327735



## ADMISSION FORM

<b>UHID No.</b>	: 2024-2025/3108		
<b>IPD No.</b>	: IP/1144		
<b>Patient Name</b>	: Miss. ZOYA SAMIR SHAIKH		
<b>Consulting Dr.</b>	: Dr. Devidas Chavan		
<b>Age / Gender</b>	: 13 / Female		
<b>Address</b>	: ROOM NO : 114 PAWANE GAON NAVI MUMBAI		
<b>Adm. Date</b>	: 12-02-2025	<b>Discharge Date</b>	: 16-02-2025
<b>Adm. Time</b>	: 08:45 PM	<b>Discharge Time</b>	: 01:55 PM
<b>Contact No.</b>	: 9773682150	<b>Whatsapp No.</b>	: 9773682150
<b>Name of Relative</b>	: SAMEER SHAIKH	<b>Relationship</b>	: FATHER
<b>Relative Contact No.</b>	: 8369736675	<b>Patient Type</b>	: Non-MLC
<b>Ref. By</b>	: DR.RAM SANGALE	<b>Payment Mode</b>	: Cashless



**Discharge Status :** Relieved

1. While taking admission I/We, have read & understood all the charges of your hospital, which will accrue during the hospitalization.I/We have been told & understood the terms & conditions since admission till discharge. I / We hereby promise you that I / we shall pay all dues, in time, of my/our patient, start from first deposit till discharge, accordingly to your terms & conditions of payment. I assure you that complete payment of the bill of My/Our patient will be made prior to discharge.
2. I am aware that hospital discharge time is 10.00 a.m.
3. I know that your hospital is not responsible for loss of any valuable possession / Jewellery / Cash of the patient or relatives of patient. All valuables are kept entirely at our/my risk.
4. If you are having mediclaim (cashless), please produce the relevant documents at the time of admission.
5. You are requested to submit photo identity of the patient at the time of admission.

We/I give consent to:

1. Indoor Hospital admission
2. The administration of such treatment as is necessary, performance of any diagnostics, Examination, biopsy, transfusion or operation and for administration of any anesthetics as may be deemed advisable in the course of Hospital Admission.
3. The release of professional and / or other information from the medical record as may be deemed necessary, in accordance



with rules and policies of the hospital.

Reception Staff Sign

Interpreter/Nurse Sign

Relative/Witness Sign

Patient Sign  
Date : 12-02-2025





# BASIL SUPER SPECIALITY CARE PVT LTD



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98 79000 09802 022 - 2754 1212 [basilhospital2021@gmail.com](mailto:basilhospital2021@gmail.com)

## DOCTOR'S NOTES

PATIENT'S NAME : Zoya S. Shaikh AGE : 13 SEX : F DATE : 12/02/25

DR. Devidas Chouhan IPD NO. : 1194 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>12/02/25</u> <u>08.50 PM</u>	<p>913 or Sevill (R.M.O)</p> <p>Q. • High grade fever &amp; chills</p> <ul style="list-style-type: none"><li>- Cough &amp; chest pain</li><li>- Body pain &amp; Headache ⚡</li><li>- Abd pain ⚡ ⚡</li><li>- Generalized weakness</li></ul> <p>• 3-4 day</p>	
NO	H/o DM / HTN / FHx / BT	
NO	H/o drug allergy	
NO	H/o Any surgical procedure of G.C. Madavani	
	Febribil Temp 101.5	
	BP 90/60 mm Hg	
	Pulse 135/min	
	R.R 22/min	
	SPO2 96%	
SS	R.S. clear	
	CVS - S1 S2 (G) Tachy ⚡	P.T.O.





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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Samir AGE: 13 SEX: F DATE: 12/09/25  
DR. Devidas Chavhan IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
	CRES. Conscious/oriented	
10/09	Prs soft	
11/09	TPR/BP (FIO chart)	
12/09	Pr my monocef 1 gnciv BD	
13/09	widely Horng Rabilz 20mg (10) BD	
14/09	Penicillin 500 mg Ernest Gray (10) fels	
15/09	Wings 500 mg Harrison 1 cap (10) OD	
16/09	x-ray chest PR 100 ml (10) stat then SOS	
17/09	PCM 100 ml (10) stat then SOS	
18/09	Ealcigo 120mg (10) stat then After 12 hr then OD x 3 days	
19/09	TCS Doxy 400mg (10)	
20/09	Syr Ascorbt-D 5-5-5ml	
21/09	Deklon S Neb 1	
22/09	Budecort 1	
23/09	zul resk	



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basilhospital2021@gmail.com

## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 12/12/25  
DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>12/12/25</u>	<u>SIB - Dr. Anil</u>	
<u>11:15pm</u>	<u>Patient came</u>	<u>Dr. Devidas Chavan</u>
<u>Nurs</u>	<u>Gen. weakness</u> <u>Pain in abdomen.</u> <u>Gen &amp; chills on left.</u> <u>Distended abdomen.</u>	<u>O/Freq - 98pm</u> <u>BP - 110/80</u> <u>HR - 98pm</u> <u>R12 - 20pm</u>
<u>Dr. S. Devidas</u>	<u>TPR/Bp/Sp1 for chills</u> <u>WIF temp</u> <u>Ray. hygiene</u> <u>Body appearance</u> <u>Others</u>	<u>S1E - COG - J</u> <u>CNS - J</u> <u>RIS - J</u> <u>Temp - Normal, rhythmic.</u> <u>G.C.S - Good.</u>





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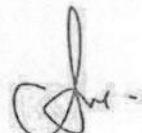
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⑨ 79000 09802 ⑧ 022 - 2754 1212 [basilhospital2021@gmail.com](mailto:basilhospital2021@gmail.com)

## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 13/2/25  
DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>13/2/25</u>	<u>Fresh case</u>	
Inj.	monocef (1gm) iv	(101) D2
In.	Rabfer 2 (201 iv)	(1-iv)
In.	emect (4) iv	(1-iv)
In.	Newtovex (1amp)	iv (100)
In.	Pcm (1gm) iv	(50g)
In.	Falcigo (120) iv	(12 hourly)
Tb.	Doxy (100) PI0 (101)	
Sp.	Ascomid PI0 (111)	
Wk.	Duolin + Bodecon RIS	(111)
	10 mg Lysoform @ from inj	
	(C) 12	







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9 79000 09802 022 - 2754 1212 basilhospital2021@gmail.com

## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 13/02/25  
DR. Devidas.c IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>13/02/25</u> 9: AM	<p><u>SIB Rns</u></p> <p>- C/O</p> <p>- fever &amp; chills</p> <p>- cough, throat pain</p> <p>- Abdomen pain</p> <p>- Headache</p> <p>- Gen. weakness</p> <p>- O/E</p> <p>Bp - 100/60 mmHg.</p> <p>P - 92/min</p> <p>SpO<sub>2</sub> - 98%</p> <p>RR - 20/min</p> <p>T - Afebr.</p> <p>S/E</p> <p>CVS</p> <p>CNS { MAD</p> <p>RS</p> <p>PIA - Soft</p>	<p>weight - 34.8 kg.</p> <p><u>Aew</u></p> <p>(1) All reports</p> <p>(2) Chest x-ray.</p>



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Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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989000 09802 022 - 2754 1212 [basilhospital2021@gmail.com](mailto:basilhospital2021@gmail.com)

## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 13/12/25

DR. Devidas - C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_

Provisional Diagnosis AFI & CRTI Operation -

DATE	NOTES	TREATMENT
<u>13/12/25</u>	<u>SIB A. Devidas</u>	
	<u>Afebrile febrile i. Thri</u>	
	<u>WCTI</u>	
	<u>BP - 100</u>	
	<u>P - 115</u>	
	<u>BP - 98/60</u>	
	<u>HR - 180</u>	
	<u>Sp - 78</u>	
	<u>M - Wheezes</u>	
	<u>cough</u>	
	<u>Sp - 92</u>	



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



# BASIL SUPER SPECIALITY CARE PVT LTD



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989000 09802 022 - 2754 1212 [basilhospital2021@gmail.com](mailto:basilhospital2021@gmail.com)

## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE : 13 SEX : F DATE : 13/12/25

DR Devidas C IPD NO. : I.P.11144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
	car - cin, cap	
	PIA - soft	
	f	
	- Tab. Azee (100)	1 - 8
	→ Tab. Levocet (5)	
		8
	- Syr. Asap - D	
	2 - 5 ml.	2 - 5 ml - 25 ml
	→ Cap. A	(900)





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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 13/12/25  
DR. Devidas. C IPD NO.: IP 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis: APG E RTI Operation: -

DATE	NOTES	TREATMENT
	<p>- oral pow</p> <p>→ Steam inhal 1-1</p> <p>→ o.g. vs gurg 1+1</p> <p>→ T. Do as per if full feed</p> <p>- crpn an-</p> <p>AC/OP</p>	+ MR d/dg



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Sheikh AGE: 13 Y SEX: F DATE: 13/12/25

DR. Devidas C IPD NO.: 1143 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation NIC

DATE	NOTES	TREATMENT
<u>13/12/2025</u>	<u>SIBS</u>	<u>A&amp;ABU</u>
COP	<u>waller</u> <u>coy/10</u>	
	<u>Fever</u> <u>vomiting</u>	
OCE	<u>T</u> <u>BP</u> <u>SP2</u>	<u>- Spec</u> <u>- 120/80</u> <u>-98%</u>
SCE	<u>PSG</u> <u>PIA</u>	<u>SOX</u>



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE 13 SEX : F DATE : 13/02/25

DR. Devidas Chavhan IPD NO. 1194 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_

Provisional Diagnosis AFI C CRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>13/02/25</u> <u>05:00 pm</u>	<u>SBP 100/70</u> <u>PR 95/min</u> <u>RR 20/min</u> <u>SPO2 98%</u> <u>VS RS CS (CRG)</u> <u>HR soft</u> <u>C. Headache</u> <u>Body pain</u> <u>- Cough ⚡</u>	<u>Spinal (a.m.o)</u> <u>mmHg</u> <u>/</u> <u>Rx</u> <u>Chest</u> <u>/</u> <u>87</u>

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 years SEX: F DATE: 13/12/25

DR. Devinder C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation NIL

DATE	NOTES	TREATMENT
<u>13/12/25</u>	<u>S1B Q Devinder</u> <u>CR-TT</u>	
	<u>01/2-96</u> <u>02/96</u> <u>03-90/68 ver</u> <u>04-781</u> <u>05-987.</u>	
		<u>rect 097</u> <u>071-convul</u>

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Sheikh AGE: 13 SEX: F DATE: 13/2/25

DR. Omidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>13/2/2025</u>	SIB - De. Artery	
C 10 -	wallur puri	
O/E	T	- AFM
BP		- (20/80)
X-ray	- G.S. 1.	
SCT	PE	
	P.M.A. 90%	
	Reg. No. 380	
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Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME : 26 year Guekler AGE : 13 SEX : P DATE : 13/2/25  
DR. Devidas IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI E LRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>13/2/25</u> <u>11:30 pm</u>	<p><u>SIB</u> <u>Mr. Feeding 10Y, R&amp;D</u></p> <p><u>Stable</u> <u>Afebrile</u></p> <p><u>No forth cypat-</u></p>	
	<p><u>Vital signs</u></p> <p><u>Within normal</u> <u>limits</u></p> <p><u>Ct Abt</u> <u>f</u></p>	
		



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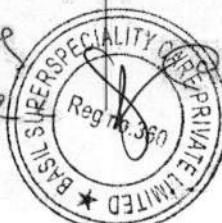
## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Sheikh AGE : 13 SEX : F DATE : 14/12/25

DR. Deridas Chettri IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis : AFI & CRTT Operation : \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/12/25</u>	<u>Fresh opn.</u>	
	<u>1. monoject (1gm) IV (1ml) D3</u>	
	<u>2. Roferz (20) IV (1ml)</u>	
	<u>3. enox (4) IV (1ml)</u>	
	<u>4. Neutrasee (clamps in CSOS)</u>	
	<u>5. Rom (1gm) IV (1ml)</u>	
	<u>6. Falcigo (12cm) IV (1ml) D1</u>	
	<u>7. Dexty (100) PIC (1ml)</u>	
	<u>8. Ascent-2 2.5 PIC (1ml)</u>	
	<u>9. Alze 8cc PIC (BD)</u>	
	<u>10. Venocl PIC (MS)</u>	
	<u>11. Dolo 5cc PIC (CSOS)</u>	
	<u>Cep. Aciver 100 10ml PIC (1ml)</u>	



Ummi,



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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE : 13 SEX : F DATE : 14/01/25

DR. Devadas C IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/01/25</u>	<u>SIB amo</u>	
<u>8 AM</u>	<u>ALCO CRTI</u>	
<u>40</u>	<u>Cough (Dry)</u>	
	<u>Fever = chills</u>	
	<u>Absentiment pain</u>	
	<u>Gen - weakness</u>	
	<u>Thirst irritations</u>	
<u>OB</u>	<u>BP - 90/60 mmHg.</u>	
<u>OB</u>	<u>HR - 118 ms</u>	<u>SLE</u>
<u>OB</u>	<u>RR - 96 %</u>	<u>PIA - soft</u>
<u>OB</u>	<u>Temp - 101.4 F</u>	<u>BS</u>
<u>OB</u>	<u>FA - 24 ms.</u>	<u>NAD</u>



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Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 14/2/25  
DR. Ovidia JC IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation: -

DATE	NOTES	TREATMENT
<u>14/2/2025</u>	<u>8/13 Dr. Deedee</u> <u>UKEP</u>	
	<u>O/R - Adm</u> <u>P-82</u> <u>BP 100/60</u> <u>HR 78</u> <u>Sp - 98</u>	
	<u>24/2/25</u>	



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME : 20 year Sleith AGE : 13 SEX : F DATE : 14/2/28  
DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/2/2025</u>		<u>SIB - Due ARTERY</u>
	<u>CLO - waller couplet</u>	
<u>O/E</u>	<u>T</u>	<u>- AFM</u>
	<u>IJP</u>	<u>- 200 gm</u>
	<u>SPN</u>	<u>98%</u>
	<u>SIG</u>	<u>✓</u>
	<u>PIN</u>	



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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE : 13 SEX : F DATE : 14/02/25

DR. Snehal Chavhan PD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/02/25 2.00 PM</u>	<p>Sys or Sancy (R.M.O) S.C. Madarsh Abnormal BP 90/60 mmHg PR 80/min RR 20/min SpO2 98% Eg R/S CNS Sancy CRS</p> <p>PR soft</p> <p>Qo. generally weak</p>	<p>/</p> <p>/</p> <p>/</p> <p>/</p>



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME : Zooyee Shaikh AGE : 13y SEX : F DATE : 14/10/2025

DR Devildas C IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/10/2025</u>	<u>SIB Dr. Devildas</u> <u>UH-15</u>	
	<u>Wtch - Prblm</u>	
	<u>→ CT</u>	<u>all</u>



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE 13Y SEX F DATE 14/12/25  
DR. Devidas C IPD NO. 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/12/2025</u>	<u>SIB - De</u> <u>cough</u> <u>runny</u> <u>fever</u> <u>pain</u> <u>cough</u> <u>no</u> <u>cold</u>	<u>cough syr</u>
<u>01/12</u>	<u>1</u>	<u>Atax</u>
	<u>BP</u> <u>10/8 cm</u>	
	<u>SPR - 98%</u>	
<u>02/12</u>	<u>SC</u> <u>ES</u> <u>Ca</u>	
	<u>HA</u> <u>01/12</u>	
		

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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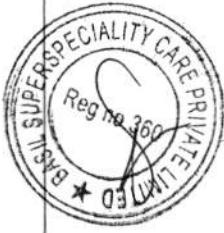
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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE 13y SEX F DATE 14/2/25

DR. Devadas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI E CRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>14/2/25</u> <u>11:30 pm</u>	<p><u>SB</u> <u>Mr. Feway / Dr. Alibabu</u></p> <p><u>C</u> <u>Stable</u> <u>Afebrile</u></p> <p><u>No post op pain</u></p>	
	<p><u>Vital signs</u></p> <p><u>With normal</u> <u>lungs</u></p> <p><u>C/O</u> <u>fet</u></p>	
		



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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Sheikh AGE : 13 SEX : F DATE : 15/2/25

DR. Devidas C. IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>15/2/25</u>	<u>fresh order.</u>	
	<u>1. monofil (1gm) IV (1ml) Dh</u>	
	<u>2. Rabies (20) IV (1ml)</u>	
	<u>3. emt (4) IV (1ml)</u>	
	<u>4. Neutrase (1ml) IV (50s)</u>	
	<u>5. Rom (1gm) IV (50s)</u>	
	<u>6. Falcig (120) IV (1ml) DL</u>	
	<u>7. Doxy (100) PI 0 (1ml)</u>	
	<u>8. Ascorbd 2.5 PI 0 (1ml)</u>	
	<u>9. AZEE 8cs PI 0 (BD)</u>	
	<u>10. Venox PI 0 (HS)</u>	
	<u>11. Dolo 8cs PI 0 (50s)</u>	
	<u>Cep. Aciver. 100 PI 0 (1ml)</u>	
	<u>10 nos 10/2/25</u>	<u>C. Hamlin.</u>





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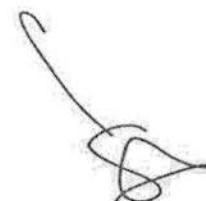


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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE : 13 SEX : F DATE : 15/02/25  
DR. Devinder J IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>15/02/25</u>	<u>SIB Rule</u>	
9: AM	Algo- AFI & CRTI  C/O - fever on & off - cough - Throat pain - Gen- weakness	<u>New</u>
	O/E BP- 110/70 mmHg P - 82/min SpO <sub>2</sub> - 98% RR- 20/min T - 37.5°C	(S) CBC, LFT
	SLC CNS } NAD PS } PIA - soft	



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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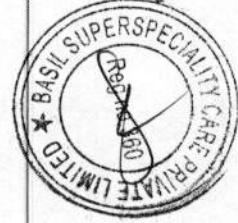
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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Sheikh AGE : 13 SEX : F DATE : 15/2/28

DR. Devinder Singh IPD NO. : 1144 WARD : \_\_\_\_\_ BED NO. : \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation : -

DATE	NOTES	TREATMENT
<u>15/2/2028</u>	<u>S113 Q, Devinder</u> <u>CRTT</u>	
	<u>W.H.M. Sheikh</u>	
	<u>→ CT dG</u>	
		 



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Shaikh AGE : 13 SEX : F DATE : 15/12/28

DR. Devidas S. K. IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>15/12/2028</u>		<u>SIB-D + ARABOLY</u>
	<u>GO - well</u> <u>cough</u> <u>pain</u> <u>cold</u>	
	<u>OCT</u>	<u>S. K.</u>
	<u>PIA</u>	<u>S. K.</u>
		<u>J. J.</u>





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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 15/02/25

DR. Zviday charms IPD NO: 1195 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_

Provisional Diagnosis AFI E CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>15/02/25</u> <u>9.05Pm</u>	<p>BS or sputum (R.M.O)</p> <p>C.C. mudark</p> <p>Alkloril</p> <p>BP 100/70 mmHg</p> <p>PR 102/min</p> <p>RN 20h</p> <p>SPO2 98%</p> <p>3 RS { CNS CRS } revo</p> <p>Hb 80%</p> <p>G. amylase</p>	<p>4</p> <p>CV</p> <p>/</p> <p>82</p>



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13y SEX: F DATE: 15/02/25  
DR. Dewidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation: -

DATE	NOTES	TREATMENT
<u>15/2/25</u>	<u>Dr BIB &amp; Dewidas</u>	
	<u>Anti</u>	
	<u>Broccoli</u>	
	<u>Utd - Stab</u>	
	<u>C &amp; d</u>	
		
		

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoyce shaikh AGE: 13y SEX: F DATE: 15/02/25  
DR. Dewidas C IPD NO: 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation: C

DATE	NOTES	TREATMENT
<u>15/2/2025</u>	<u>SIB-1st day</u>	<u>Anti</u>
	<u>cough</u>	<u>o</u>
	<u>cold</u>	
	<u>no eye</u>	<u>Dr supply</u>
<u>OCT</u>	<u>T</u>	<u>- AFT</u>
	<u>UP</u>	<u>- (10/80) ~</u>
	<u>per - 98%</u>	
<u>3/E</u>	<u>G</u>	
	<u>PA</u>	<u>G</u>
	<u>ST</u>	<u>G</u>



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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9 79000 09802 022 - 2754 1212 basilhospital2021@gmail.com

## DOCTOR'S NOTES

PATIENT'S NAME : Zoyce shaikh AGE : 13Y SEX : F DATE : 15/02/25  
DR. Devideas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI & CRTT Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>15/2/25</u> <u>11:30 pm</u>	<p><u>SB</u> <u>Mr. Feaver   Dr. Rishabh</u></p> <p><u>C/S</u> <u>stall</u> <u>Afebrile</u></p> <p><u>no body aupt-</u></p>	
	<p><u>vital signs</u></p> <p><u>with sound</u> <u>lungs</u></p> <p><u>CT abdomen</u></p>	



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13y SEX: F DATE: 16/02/25  
DR. Geekles C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_  
Provisional Diagnosis AFI C CRTI Operation -

DATE	NOTES	TREATMENT
<u>16/2/25</u>	<u>Fresh opn.</u>	
	<u>1. monofil (1gm) IV (1ml) DS</u>	
	<u>2. Ringer (20) IV (1ml)</u>	
	<u>3. emot (1) IV (1ml)</u>	
	<u>4. Neutrase (1amp) IV (50s)</u>	
	<u>5. Rom (1gm) IV (50s)</u>	
	<u>6. Falcipar (120) IV (1ml) D3</u>	
	<u>7. Doxy (100) PIQ (1ml)</u>	
	<u>8. Ascorbd 2.5 PIQ (1ml)</u>	
	<u>9. Aree 8cs PIQ (BD)</u>	
	<u>10. Venox PIQ (1ml)</u>	
	<u>11. Dolo 8cs PIQ (50s)</u>	
Cep	<u>Acever. 100 PIQ (1ml)</u> <u>10 nos</u> <u>10/2/25</u>	



*Dr. [Signature]*

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME : Zoya Sheikh AGE : 13 SEX : F DATE : 16/02/25  
DR. Devinder J IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis : AFI & CRTI Operation : \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>16/02/25</u> <u>9: AM</u>	<p><u>SIB Run</u></p> <p>Algo - AFI &amp; CRTI</p> <p>CO</p> <ul style="list-style-type: none"><li>- fever on soft</li><li>- cough</li><li>- Throat irritation</li><li>- Gen- weakness</li></ul> <p>O/E</p> <p>Bp - 100 / 70 mmHg</p> <p>P - 60/min</p> <p>SpO2 - 98%.</p> <p>RR - 20/min</p> <p>T - Altes</p> <p>S/E</p> <p>ABG</p> <p>CNS } NAD</p> <p>PS</p> <p>PIA - 80+</p>	



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## DOCTOR'S NOTES

PATIENT'S NAME: Zoya Shaikh AGE: 13 SEX: F DATE: 16/02/25  
DR. Devidas IPD NO: 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_  
Provisional Diagnosis AFI & RTI Operation \_\_\_\_\_

DATE	NOTES	TREATMENT
<u>16/2/25</u>	<u>813 Dr. Devidas</u> <u>AFI &amp; RTI</u> <u>c/o - cough</u> <u>viral - febrile</u> <u>→ cf diff</u>	





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### MEDICATION SHEET

PATIENT'S NAME: Zoya Shaikh AGE 34 SEX: F DATE 12/21/23

DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_

Provisional Diagnosis AFI C LRTG Operation NIL

	NAME	INITIAL
M		
E		
N	kaur / manisha	





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basilhospital2021@gmail.com

wt - 34.8 kg

## MEDICATION SHEET

PATIENT'S NAME: Zoya Shaikh AGE 13Y SEX: F DATE 13/12/25  
DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI E LRTI Operation nil

Medication	Dose	Route	Freq	Omit:	Time		Administration Record			
					Sign	T S				
<u>Tpp/BPI II Ochart.</u>										
Inj monocef	1gm	IV	BD	OD		6 Am				6 pm
Inj rabez	20 mg	IV	BD			6 Am				6 pm
Inj Emset	4 mg	IV	TDS			6 Am				2 10 pm, pm
Inj Nenisave	19mp	IV	OD			10 Am				10 pm
Inj PCM	100 mg	IV	SOS			5 Am	12 pm			10 pm
Inj Facligo	120 mg	IV	12hour then OD			9 Am				
T-DOXY	100 100mg	PO	BD			10 Am				10 pm
SYP Ascoril-Dm	2.5	PO	TDS			10 Am				3 10 pm, pm
Tb-Azee	500	PO	OD			11 Am				
Tb-Levocet	5	PO	HS							10 pm
Tb - DOLO	500mg	PO	SOS							
Cap- Acever	100 mg	PO	OD			11 Am				

NAME	INITIAL
M Pranita Ashwini	
E Apoorva A Kshetra	
N Kovita Meethi	





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wt - 34.8 kg

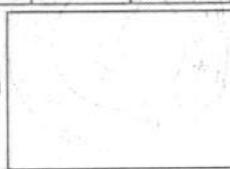
## MEDICATION SHEET

PATIENT'S NAME : Zoya Shaikh AGE 13Y SEX F DATE 14/12/25  
DR. Devidas C IPD NO. 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI C LRTI Operation NIC

Medication	Dose	Route	Freq	Omit	Time Sign	Administration Record						
						T S	6 AM	6 PM	6 AM	6 PM	10 AM	10 PM
Inj monocef	1gm	IV	BD	Q3								
Inj Raben	20 mg	IV	BD									
Inj Emset	4mg	IV	TDS									
Inj Newisave	19MP	IV	OD									
Inj PCM	100 ml	IV	SOS									
Inj Faucigo	120 mg	IV	OD OI									
T-DOXY	100 mg	PO	BD									
SYP Ascoril-D	2.5 ml	PO	TDS									
Tb-Azee	500	PO	OD									
Tb-Levocet	S	PO	HS									
Tb-Dolo	500mg	PO	SOS									
Cap- Acever	100 mg	PO	OD									

NAME	INITIAL
M Reeshee / Pravalika	
E Aparna / Ashu	
N Kavita / Madhu	





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wt - 34.8 kg

## MEDICATION SHEET

PATIENT'S NAME : Zoya Shaikh AGE 13Y SEX F DATE 15/12/25

DR. Devidas C IPD NO. 1144 WARD: \_\_\_\_\_ BED NO: \_\_\_\_\_

Provisional Diagnosis AFI C LRTI Operation NIC

Medication	Dose	Route	Freq	Omit	Time Sign	Administration Record			
						T	S		
Teripiphochast.									
Inj monocef	1gm	IV	BD	DL		6 AM			6 PM
Inj Rober	20 mg	IV	BD			6 AM			6 PM
Inj Emset	4mg	IV	TDS			6 AM		2 PM	10 PM
Inj Nevisave	19mp	IV	OD					10 AM	
Inj PCM	100 mg	IV	SOS			AM		PM	
Inj Faucigo	120 mg	IV	OD	D2		6 AM			
T-DOXY	100 mg	PO	BD			10 AM			10 PM
SYP Ascoril-D	2.5 mg	PO	TDS			10 AM		3 PM	10 PM
Tb-Azee	500	PO	OD			10 AM			
Tb-Levocet	5	PO	HS						10 PM
Tb-Dolo	500 mg	PO	SOS						
(cap) Acever	100 mg	PO	OD			10 AM			

NAME	INITIAL
M Rupali / Sonali	
E Archana / Anushka	
N Keerti / Ashu	



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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9 79000 09802 022 - 2754 1212

basilhospital2021@gmail.com

WT - 34.8 kg

## MEDICATION SHEET

PATIENT'S NAME : Zoya Shaikh AGE 13Y SEX F DATE 16/12/25

DR. Devidas C IPD NO. 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

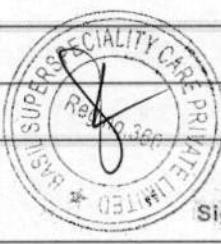
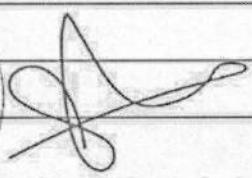
Provisional Diagnosis AFI E CRTT Operation -

Medication	Dose	Route	Freq	Ornit	Time	Administration Record			
					Sign	T	S		
<u>TPRIBPI Ho Chart</u>									
Inj monocef	19m	IV	BD	DS					
Inj Rober	20 mg	IV	BD						
Inj Emset	4 mg	IV	TDS						
Inj Nenisave	19mp	IV	OD						
Inj PCM	100 mg	IV	SOS						
Inj Facligo	120 mg	IV	OD	D3					
T - DOXY	100 mg	PO	BD						
SYP Ascoril-D	2.5 mg	PO	TDS						
Tb - Azee	500	PO	OD	D4					
Tb - Levocet	S	PO	HS						
Tb - Dolo	500mg	PO	SOS						
Cap - Acever	100 mg	PO	OD						

	NAME	INITIAL
M	Reepali Pravita	A
E		
N		



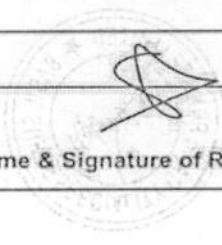
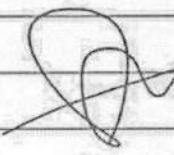
Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13

IV Fluids :		12/2/25																					
		Start Time	Sign	End Time	Sign																		
10 NS 7		10 pm	Q	3 pm	Q																		
Non Drug Orders																							
Diet : NBM : <input type="checkbox"/> Liquid : <input type="checkbox"/> Soft : <input type="checkbox"/> Full : <input type="checkbox"/> Diabetic : <input type="checkbox"/> SRD : <input type="checkbox"/>																							
Others specify :																							
Vital Signs / Pedal Puses : <input type="checkbox"/> hrly			HGT : <input type="checkbox"/> hrly																				
Oxygen Administration : —																							
Nebulisation <input type="checkbox"/> / Steam Inhalation <input type="checkbox"/> <input type="checkbox"/> hrly		<table border="1"><tr><td>T</td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr><tr><td>T</td><td></td><td></td></tr><tr><td>S</td><td></td><td>10</td></tr><tr><td>T</td><td></td><td>/P.M.</td></tr><tr><td>S</td><td></td><td>/</td></tr></table>				T			S			T			S		10	T		/P.M.	S		/
T																							
S																							
T																							
S		10																					
T		/P.M.																					
S		/																					
Neb Duoline 70S Budecort																							
Physiotherapy : —																							
RT Aspiration : —		I/O : —	Others : —																				
Investigations : CBC, Hb%, UFT, RFT, PS for mp, initial + Dengue NS, urine ch, X-ray chest, USG Abdo - ECG																							
Referrals :																							
																							
Name & Signature of RMO / Registrar :			Signature of Consultant :																				

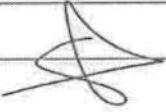
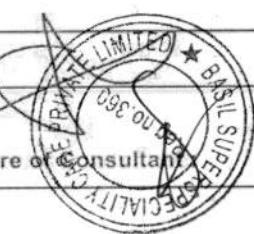
Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13

IV Fluids :		13/2/25		
		Start Time	Sign	End Time
10 NS		8 Am	8	2 Pm
10 RL		2 Pm	8 pm	8
Non Drug Orders				
Diet: NBM : <input type="checkbox"/> Liquid : <input type="checkbox"/> Soft : <input type="checkbox"/> Full : <input type="checkbox"/>		Diabetic : <input type="checkbox"/>		SRD : <input type="checkbox"/>
Others specify :				
Vital Signs / Pedal Puses : <input type="checkbox"/> hrly		HGT : <input type="checkbox"/> hrly		
Oxygen Administration : —				
Nebulisation <input type="checkbox"/> / Steam Inhalation <input type="checkbox"/> <input type="checkbox"/> hrly		T	S	
Neb Duoline		10	3	10
Budrecon		am	pm	pm
		T	S	
Physiotherapy : —				
Steam <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
MS Charged <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
RT Aspiration : <input checked="" type="checkbox"/> I/O :		Others :		
Investigations : Urine C <sup>12</sup> m				
X-ray chest, USG Abdo - HRCT				
Referrals :				
Name & Signature of RMO / Registrar :		Signature of Consultant		

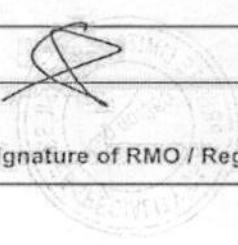
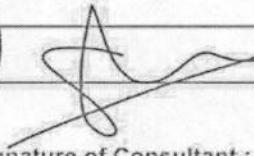
Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13

IV Fluids :		14/12/25			
		Start Time	Sign	End Time	Sign
10 NS	2	8AM	PM	2PM	Q
10 RL	2	2PM	Q	10 PM	CL
Non Drug Orders					
Diet : NBM : <input type="checkbox"/>	Liquid : <input type="checkbox"/>	Soft : <input type="checkbox"/>	Full : <input type="checkbox"/>	Diabetic : <input type="checkbox"/>	SRD : <input type="checkbox"/>
Others specify :					
Vital Signs / Pedal Puses : <input type="checkbox"/>	hrly	HGT : <input type="checkbox"/>	hrly		
Oxygen Administration : —					
Nebulisation <input type="checkbox"/> / Steam Inhalation <input type="checkbox"/> <input type="checkbox"/> hrly	T	S	T	S	T
Neb Duoline Budeconot	10	3	10	10	10
Steam MS Charger	AM	PM	AM	PM	PM
Physiotherapy : —					
RT Aspiration : <input type="checkbox"/>	I/O : <input type="checkbox"/>	Others : <input type="checkbox"/>			
Investigations :  USG Abdo - HRCT Thorax					
Referrals :    					
Name & Signature of RMO / Registrar :			Signature of Consultant :		

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13

IV Fluids :		15-2-25			
		Start Time	Sign	End Time	Sign
10 NS	g. am	8pm	8		
10 RL	3pm	10pm	10		
Non Drug Orders					
Diet: NBM : <input type="checkbox"/> Liquid : <input type="checkbox"/> Soft : <input type="checkbox"/> Full : <input type="checkbox"/>	Diabetic : <input type="checkbox"/>		SRD : <input type="checkbox"/>		
Others specify :					
Vital Signs / Pedal Puses : <input type="checkbox"/> hrly	HGT : <input type="checkbox"/> hrly				
Oxygen Administration : —					
Nebulisation <input type="checkbox"/> / Steam Inhalation: <input type="checkbox"/> <input type="checkbox"/> hrly	T	S	T	S	T
Net Duoline <input type="checkbox"/> Budeconet <input type="checkbox"/>	10	am	10	pm	10pm
Physiotherapy : —	Steam <input type="checkbox"/>	MS Charger <input type="checkbox"/>			
RT Aspiration : <input type="checkbox"/>	I/O : <input type="checkbox"/>	Others : <input type="checkbox"/>			
Investigations : <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> LFT					
USG Abdo - HRCT Thorax					
Referrals :					
					
Name & Signature of RMO / Registrar :					

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13

IV Fluids :		16/1-2025			
		Start Time	Sign	End Time	Sign
10 NS 7		8AM	8	1 PM	OW
Non Drug Orders					
Diet : NBM : <input type="checkbox"/> Liquid : <input type="checkbox"/> Soft : <input type="checkbox"/> Full : <input type="checkbox"/> Diabetic : <input type="checkbox"/> SRD : <input type="checkbox"/>					
Others specify :					
Vital Signs / Pedal Puses : <input type="checkbox"/> hrly			HGT : <input type="checkbox"/> hrly		
Oxygen Administration : —					
Nebulisation <input type="checkbox"/> / Steam Inhalation: <input type="checkbox"/> <input type="checkbox"/> hrly			T	S	T
Neb Duoline 7			S	10	S
Budweort 7			T	Am	S
Physiotherapy : —					
Steam <del>✓</del> 1-1-1					
MS Charger <del>✓</del> 1-1-1					
RT Aspiration		I/O :	Others :		
Investigations :					
USG Abdo - HRCT Thorax					
Referrals :					
					
Name & Signature of RMO / Registrar :			Signature of Consultant :		

Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## TPR AND I/O CHART

PATIENT'S NAME Zoya Shaikh AGE 13Y SEX F DATE 12/12/25  
DR. Devidas C IPD NO. 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI T CRTT Operation \_\_\_\_\_

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO <sub>2</sub>	Aspiration	Drain (if any)
8 a.m.										
9 a.m.										
10 a.m.										
11 a.m.										
12 noon										
1 p.m.										
2 p.m.										
3 p.m.										
4 p.m.										
5 p.m.										
6 p.m.										
7 p.m.										
8 p.m.										
9 p.m.	101F	138M 201m	90/60	PCM 500ml	NS	No		98.1.		
10 p.m.	100F	120M 201m	100/60	NS 500ml	100M	L		97.1.		
11 p.m.	98F	118M 201m	110/70	NS				98.1.		
12 p.m.					500ml	he				
1 a.m.										
2 a.m.							L		Vomiting	
3 a.m.										
4 a.m.										
5 a.m.	102F	128M 241m	99/60	PCM 500ml			L	97.1.		
6 a.m.	100F	120M 221m	110/66	NS			L	98.1.		
7 a.m.	97F	118M 24m	110/70	NS				98.1.		

	NAME	INITIAL
M.		
E		
N	Kamal Marisha	

By Mouth :- 1500ml  
By I. V. :- 500ml  
Total Intake 1050ml

Aspiration :-

Urine :- passed

Drain :-

Total Out-puts

RMO Sign. DR. KAMAL MARISHA



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## TPR AND I/O CHART

PATIENT'S NAME : Zoya Sheikh AGE : 13Y SEX : F DATE : 13/2/25  
DR. Devidas C IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_  
Provisional Diagnosis AFI E CRT I Operation \_\_\_\_\_

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO <sub>2</sub>	Aspiration	Drain (if any)
8 a.m.	98°F	1041m	201m	90/60	NS 500ml		✓	98.1-		
9 a.m.										
10 a.m.	98°F	1021m	201m	90/60		300ml		98.1-		
11 a.m.										
12 noon	98°F	1041m	201m	90/60		120 200ml	✓	98.1-		
1 p.m.										
2 p.m.	102.4°F	1261m	201m	90/60	PCM 100ml			98.1-		
3 p.m.	100.4°F	1101m	221m	90/60	PI 500ml	1120	✓	98.1.		
4 p.m.	98°F	901m	221m	90/60		150ml		97.1.		
5 p.m.	98.5°F	951m	201m	100/70				98.1-		
6 p.m.										
7 p.m.	98°F	1011m	221m	100/70	PCM 500ml			98.1.		
8 p.m.	98°F	961m	201m	100/70				98.1-		
9 p.m.								98.1		
10 p.m.	101°F	1101m	181m	90/60	PCM 100ml	120	✓	97.1.		
11 p.m.	100°F	901m	201m	100/60		300ml		98.1		
12 p.m.	98°F	881m	181m	100/60				97.1.		
1 a.m.										
2 a.m.	98°F	801m	181m	100/70				98.1.		
3 a.m.							✓			
4 a.m.										
5 a.m.										
6 a.m.	102.4°F	1281m	201m	99/60	PCM 100ml			98.1.		
7 a.m.	101°F	1201m	181m	100/60	NS 100ml			97.1.		

	NAME	INITIAL
M	Pranita Ashwini	
E	Aparna Alashaala	
N	Kavita Mehta	

By Mouth :- 1000 ml  
By I.V.- 1500 ml  
Total Intake 2500 ml

Aspiration :-  
Urine :- passed  
Drain :-  
Total Out-put :-  
RMO Sign :-



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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98 79000 09802 022 - 2754 1212 [basilhospital2021@gmail.com](mailto:basilhospital2021@gmail.com)

## TPR AND I/O CHART

PATIENT'S NAME: Zoya Shaikh AGE: 13y SEX: F DATE: 14/12/25

DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis: AFI & CRTT Operation: \_\_\_\_\_

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO <sub>2</sub>	Aspiration	Drain (if any)
8 a.m.	101.4°F	118/122	24/m	90/60	PCM			96.1.		
9 a.m.	100°F	110/120	24/m	90/60	100	NS	✓	96.1.		
10 a.m.	99°F	106/120	20/m	90/60	500mL	200		97.1.		
11 a.m.										
12 noon	98.8°F	96/120	22/m	90/60	PCM		✓	98.1.		
1 p.m.										
2 p.m.	98°F	80/m	20/u	90/60	500	PCM	✓	98.1.		
3 p.m.										
4 p.m.	100.6°F	118/m	22/m	90/60	PCM	300		98.1.		
5 p.m.										
6 p.m.	98.6°F	90/m	20/m	90/60	100mL	100mL		98.1.		
7 p.m.										
8 p.m.	98.6°F	86/m	20/m	90/60		100mL	✓	98.1.		
9 p.m.										
10 p.m.	98.6°F	80/m	18/m	100/66	no			98.1.		
11 p.m.										
12 p.m.	101.6°F	120/m	20/m	90/66	PCM	100mL	✓	97.1.		
1 a.m.	99.6°F	110/m	18/m	100/70				98.1.		
2 a.m.										
3 a.m.	98.6°F	90/m	18/m	110/60						
4 a.m.										
5 a.m.										
6 a.m.										
7 a.m.	100.6°F	110/m	20/m	110/68	PCM			97.1.		

	NAME	INITIAL
M	Reyzeel Pradha	
E	Aparna Ashwini	
N	Kaizad Imadkhan	

By Mouth :- 1100mL  
By I.V. :- 1500mL  
Total Intake 2600mL

Aspiration :-  
Urine :- Passed  
Drain :-  
Total Out-puts :-  
RMO Sign.





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## TPR AND I/O CHART

PATIENT'S NAME: Zoya Shaikh AGE: 13yrs SEX: F DATE: 15/2/25  
DR. Devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis: AFI E CRTT Operation: —

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO <sub>2</sub>	Aspiration	Drain (if any)
8 a.m.	98F	80m	180m	110/70	NS			98F		
9 a.m.					500m	1420	✓			
10 a.m.	98F	981m	20m	107/60	500m	1420		971		
11 a.m.								971		
12 noon	98F	921m	201m	110/60	420		✓	981		
1 p.m.	100CF	1121m	241m	100/60	PCM	100m		971		
2 p.m.	98F	1021m	221m	100/60	100m			981		
3 p.m.					500m	Lunch	✓			
4 p.m.	98 F	1061m	201m	110/70	500m			981		
5 p.m.					500m	1420				
6 p.m.	98 F	102m	201m	101/60	500m	1420	✓	981		
7 p.m.						1420				
8 p.m.	98 F	1101m	201m	110/60		100m		981		
9 p.m.						100m	✓			
10 p.m.	98F	901m	181m	110/70		120	✓	971		
11 p.m.						200				
12 p.m.	98F	1101m	201m	110/60		100m		981		
1 a.m.										
2 a.m.										
3 a.m.										
4 a.m.							✓			
5 a.m.										
6 a.m.	98F	981m	181m	110/80	NS	100m		971		
7 a.m.										

	NAME	INITIAL
M	Apranal Ruparel	
E	Ekshatul manisha	
N	Kaisar I Ashrafi	

By Mouth: 1000 ml  
By I.V.: 1300 ml  
Total Intake 2300 ml

Aspiration: —  
Urine: Passed  
Drain: —  
Total Out-puts: —  
RMO Sign: —



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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## TPR AND I/O CHART

PATIENT'S NAME : Zoya Shaikh AGE : 13y SEX : F DATE : 16/2/25

DR. Devidas C IPD NO. : 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Provisional Diagnosis AFI C CRTI Operation \_\_\_\_\_

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO <sub>2</sub>	Aspiration	Drain (if any)
8 a.m.	98°F	108/m	201/m	100/60	NS 500m		✓	98-1		
9 a.m.						600 H2O				
10 a.m.	98°F	109/m	201/m	100/60		300m		98-1		
11 a.m.							✓			
12 noon	98°F	108/m	201/m	100/60		H2O 200m		98-1		
1 p.m.						poied H2O 100m	✓			
2 p.m.	98°F	96/m	281/m	100/60				98-1		
3 p.m.						300				
4 p.m.										
5 p.m.										
6 p.m.										
7 p.m.										
8 p.m.										
9 p.m.										
10 p.m.										
11 p.m.										
12 p.m.										
1 a.m.										
2 a.m.										
3 a.m.										
4 a.m.										
5 a.m.										
6 a.m.										
7 a.m.										

	NAME	INITIAL
M	<u>Reyzael prachita</u>	
E		
N		

By Mouth :- 800m |

By I. V.:- 500 ml

Total Intake 1300 ml

Aspiration :-

Urine :-

Drain :-

Total Out-put

RMO Sign



Patient Name : Miss. ZOYA SAMIR SHAIKH UHID : 2024-2025/3108 IPD : IP/1144 Gender : Female Age : 13



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PATIENT'S NAME: 2049 shaiKh AGE: 13y SEX: F DATE: 12/2/25  
DR. devidas C IPD NO.: 1144 WARD: \_\_\_\_\_ BED NO.: \_\_\_\_\_

HGT CHART





**BASIL SUPER SPECIALITY CARE PVT LTD**

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## ECG RECORD

Date: 12/2/25

Name: Zoya Shaikh

Age: 13 yr Yrs. Sex: F IPD No. \_\_\_\_\_

Ref. By Dr. \_\_\_\_\_

Reported By Dr. \_\_\_\_\_ Time : \_\_\_\_\_

Clinical Summary :

5mm/mV

25mm/s

2025-2-12 10:49:17

ID:00001216

ID Card:

Name:ZOUA

Gender:Female

Height(cm):

Weight(kg): /

801 Sinus Rhythm

\*\* NORMAL ECG \*\*

HR..... bpm 88

P-R..... ms 106

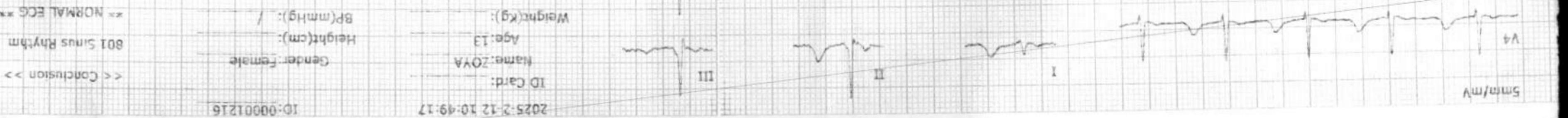
Q-Tc..... ms 96

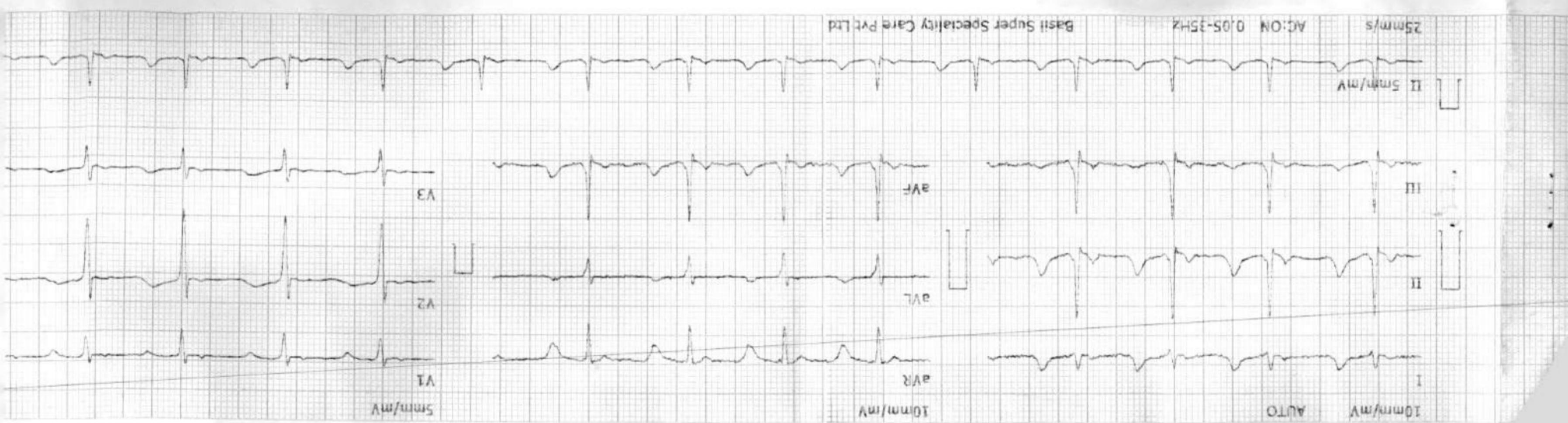
P/QRS/T AXES..... deg 62/79/62

RVS/SVI..... mV 1.69/0.75

RVS-SVI..... mV 2.44

Report Confirmed by:  
The result must be confirmed by doctor





R



MISS ZOYA F/13Y/ BASIL HOSPITAL      CHEST PA 13-Feb-25  
SHREE SAMARTH DIAGNOSTIC CENTRE VASHI NAVI MUMBAI