HDFC BANK

SHOP NO 10,11,BEVERLY PARK, PLOT NO 20 SECTOR - 6,PALM BEACH,
NAVI MUMBAI NAVI MUMBAI-400706,MAHARASHTRA
RTGS / NEFT IFSC : HDFC0004435

D D M M Y Y Y Y
Valid for 3 months only.

Pay _____ Or Bearer
या धारक को

Rupees रुपये _____

अदा करें ₹

A/c. No. 50100304283152 Brn: 4438 Pdt:161
SB A/C

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

CANCELLED

SOYAL SAYABLAL PATEL

Please sign above / ऊपर यहाँ हस्ताक्षर करें

⑈000010⑈ 400240193⑆ 004321⑈ 31

EWA

CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT – PART A
TO BE FILLED IN 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: (SECTION A)

a) Policy No: 131600/48/2025/1652 b) SI. No/ Certificate No:

c) Company/ TPA ID No:

d) Name: Mrs. Sayali Sayabai Patel

e) Address: Room No 2069, K.K.R Road, Near Hanuman Temple, Turbhe

City: Mahanagar State:

Pin Code: 400705 Phone No: 9768986181 Email ID:

DETAILS OF INSURANCE HISTORY: (SECTION B)

a) Currently covered by any other Mediclaim / Health Insurance: Yes ☑ No b) Date of commencement of first Insurance without break: DD MM YY

c) If yes, company name: Policy No.

Sum Insured (Rs.) d) Have you been hospitalized in the last four years since inception of the contract? Yes No Date: MM YY

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

f) If yes, Company Name

DETAILS OF INSURED PERSON HOSPITALIZED: (SECTION C)

a) Name: Mrs. Aman Sayali patel

b) Gender: Male Female ☑ c) Age: years 23 months 7 d) Date of Birth: 09.04.2002

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

f) Occupation: Service Self Employed Homemaker ☑ Student Retired Other (Please Specify)

g) Address (if different from above): Same as above

City: State:

Pin Code: Phone No: E-mail ID:

DETAILS OF HOSPITALIZATION: (SECTION D)

a) Name of Hospital where Admitted: Basil 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: DD MM YY

e) Date of Admission: 13.05.25 f) Time: 1.13 PM g) Date of Discharge: 16.05.25 h) Time: 12.26 PM

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

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

DETAILS OF CLAIM: (SECTION E)

a) Details of the treatment expenses claimed

i. Pre-hospitalization Expenses: Rs.
ii. Hospitalization Expenses: Rs. 45,866
iii. Post-hospitalization Expenses: Rs.
iv. Health-Check up Cost: Rs.
v. Ambulance Charges: Rs.
vi. Others (code): Rs.
Total Rs. 45,866
vii. Pre-hospitalization period: days
viii. Post-hospitalization period: days

b) Claim for Domiciliary Hospitalization: Yes No (If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i. Hospital Daily Cash: Rs.
ii. Surgical Cash: Rs.
iii. Critical Illness Benefit: Rs.
iv. Convalescence: Rs.
v. Pre/Post hospitalization Lump sum benefit: Rs.
vi. Others: Rs.
Total Rs.

VOLO HEALTH INSURANCE TPA PVT. LTD. RECEIVED - MUMBAI 45,866 - MAY 2025 TIME:

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 Theatre Notes
- ECG
- Pathology/Radiology investigations
- Investigation Reports (Including CT / MRI / USG / HPE)
- Doctor's Prescriptions
- Others

DETAILS OF BILLS ENCLOSED: (SECTION F)

Sl. No	Bill No	Date	Issued by	Towards	Amount (Rs)
1.	Attached		Basil	Hospital Main Bill	45,866/-
2.				Pre-hospitalization Bills:___Nos	
3.				Post-hospitalization Bills:___Nos	
4.		Bill	Hospital	Pharmacy Bills	
5.					
6.					
7.					
8.					
9.					
10					

TOTAL:- 45,866/-

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT: (SECTION G)

BVGPP1731H 50100304283152

c) Bank Name and Branch: HDFC BANK NAVI MUMBAI

d) Cheque/ DD Payable details: e) IFSC Code: HDFC0004435

(IMPORTANT: PLEASE TURN OVER)

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in this 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: D D M M Y Y 19/05/25 Place: Turbhe Signature of the Insured: A Soyal

GUIDANCE FOR FILLING CLAIM FORM – PART A (To be filled in by the insured)		
DATA ELEMENT	**DESCRIPTION**	**FORMAT**
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) SL 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	License 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
SECTION B - DETAILS OF INSURANCE HISTORY		
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
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
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
SECTION D - DETAILS OF HOSPITALIZATION		
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/Date 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
SECTION E - DETAILS OF CLAIM		
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
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amounts in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
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
d) 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
e) IFSC Code	Enter the IFSC code of the bank branch	IFSC code of the bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

East West Assist Insurance TPA Pvt. Ltd.
2nd floor, J P House Plot No.172, Lane 2, Westend Marg,
Saidulajab, Next to Saket Metro Station New Delhi—110030
Ph : +91-11-47222666, Fax: +91-11-47222641,47222640
E-mail : assistance@eastwestassist.com, cashless@eastwestassist.com

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)

SECTION A

DETAILS OF HOSPITAL

a) Name of the hospital: BASIL SUPERSPECIALITY CARE PVT. LTD.

b) Hospital ID: c) Type of Hospital: Network ☐ Non Network ☑ (If non network fill section E)

d) Name of the treating doctor: Dr. Devidas Chavan

e) Qualification: MBBS, F C B S (Medicine) f) Registration No. with State Code: Reg. No. 2086/05/2003. g) Phone No.:

Plot no- 12 Near D-Mart Bonkode Road, Sec-10, Koperkhairane.

SECTION B

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient: Mrs. Amin Soyal Patel

b) IP Registration Number: 148 c) Gender: Male ☐ Female ☑ d) Age: Years 23 Months 7 e) Date of birth: 9/04/2002

f) Date of Admission: 13.05.25 g) Time: 10:03 PM h) Date of Discharge: 16.05.25 i) Time: 10:26 PM

j) Type of Admission: Emergency ☑ Planned ☐ Day Care ☐ Maternity ☐ k) If Maternity i. Date of Delivery: D D M M Y Y ii. Gravida Status:

l) Status at time of discharge: Discharge to home ☑ Discharge to another hospital ☐ Deceased ☐ m) Total claimed amount 45,866/-

SECTION C

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
i. Primary Diagnosis:		Attached	i. Procedure 1:		
ii. Additional Diagnosis:		to	ii. Procedure 2:		
iii. Co-morbidities:		Discharge	iii. Procedure 3:		
iv. Co-morbidities:		summary	iv. Details of Procedure:		

c) Pre-authorization obtained: ☐ Yes ☐ No e) Pre-authorization Number:

f) If authorization by network hospital not obtained, give reason: Non-network

g) Hospitalization due to Injury: ☐ Yes ☐ No i. If Yes, give cause Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐

ii. If Injury due to Substance abuse / alcohol consumption, Test Conducted to establish this: ☐ Yes ☐ No (If Yes, attach reports) iii. If Medico legal: ☐ Yes ☐ No iv. Reported to Police: ☐ Yes ☐ No

v. FIR no. vi. If not reported to police give reason:

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 report & Police FIR
- ☐ Original death summary from hospital where applicable
- ☐ Any other, please specify

SECTION E

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

a) Address of the Hospital: BASIL SUPERSPECIALITY CARE PVT. LTD. Plot no- 12 Near D-Mart Bonkode Road, Sec-10, Koperkhairane.

City: State:

Pin Code: 400709 b)Phone No. 7900009802 c) Registration No. with State Code: 360

d) Hospital PAN: e) Number of Inpatient beds f) Facilities available in the hospital: i. OT: ☑ Yes ☐ No ii. ICU: ☑ Yes ☐ No

iii. Others :

SECTION F

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: 19/05/2025

Place: Koperkhairane

Signature and Seal of the Hospital Authority:

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Reg. No. 360

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

CERSAI

For office use only (To be filled by financial institution)
Application Type* ☑ New ☐ Update
KYC Number (Mandatory for KYC update request)
Account Type* ☑ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)	Mr.	Soyal	Soyablal	Patel
Maiden Name (If any*)				
Father / Spouse Name*	Mr.	Soyablal	Mola	Patel
Mother Name*				

Date of Birth* 16-09-1992

Gender* ☑ M- Male ☐ F- Female ☐ T-Transgender

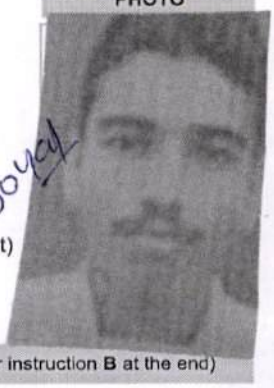
Marital Status* ☑ Married ☐ Unmarried ☐ Others

Citizenship* ☑ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

Residential Status* ☑ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

PHOTO



Soyal

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date DD-MM-YYYY
☐ B- Voter ID Card
☑ C- PAN Card BVQPP1731H
☐ D- Driving Licence Driving Licence Expiry Date DD-MM-YYYY
☑ E- UID (Aadhaar) 332917566381
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☑ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others (please specify) ☐ Simplified Measures Account - Document Type code

Address

Line 1* Room No 2069, K.K R Road, Near Hanuman
Line 2 Temple, Turbhe
Line 3 City / Town / Village*
District* Pin / Post Code* 400705 State / U.T Code* Maharashtra, ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile 9768986181

FAX Email ID Soyalpatel313@gmail.com

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : 19 – 05 – 2025 Place : Turbhe-Navi mumbai

Soyal

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	– –	Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			
[Employee Signature]		[Institution Stamp]	

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

SOYAL SAYABLAL PATEL

SAYABLAL MOLA PATEL

16/09/1992

Permanent Account Number

BVQPP1731H

Soyal

Signature

भारत सरकार
GOVERNMENT OF INDIA
सोयल सायबलाल पटेल
Soyal Sayablal Patel
जन्म वर्ष / Year of Birth : 1992
पुरुष / Male
3329 1756 6381
आधार – सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता: रूम नं. २०६९, के. के. आर. रोड, हनुमान मंदिर जवळ, तुर्भे स्टोअर, नवी मुंबई, तुर्भे, ठाणे, महाराष्ट्र, 400705

Address: Room No-2069, K.K.R.Road, Near Hanuman Temple, Turbhe Store, Navi Mumbai, Turbhe, Thane, Maharashtra, 400705

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

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

Oriental insurance

Prithvi, Agni, Jal, Aakash: Sab ki suraksha hamare paas

Volo

By your side

3060

Member ID	:	VOLO02332321
Name	:	Arfan Soyal Patel
DOB/Gender	:	09-04-2002 (Female)
Relation	:	SPOUSE
Employee ID	:	90219
Policy No.	:	131600/48/2025/1652
Plan Period	:	03-01-2025 TO 02-01-2026
Organization	:	Navi Mumbai Municipal Transport Contractual Employees

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IATPP4727G

नाम / Name
AFRIN SOYAL PATEL

पिता का नाम / Father's Name
JAHANGIR MOMIN

25012024

जन्म की तारीख /
Date of Birth
09/04/2002

हस्ताक्षर / Signature

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

Address

C/ O: Soyal Patel, Room No.2069, K K R Road Turbe Store, Near Hanuman Mandir, VTC: Navi Mumbai, PO: Sanpada, Sub District: Thane, District: Thane, State: Maharashtra, PIN Code: 400705,

7562 1774 5731

1947 | help@uidai.gov.in | www.uidai.gov.in

भारत सरकार

Government of India

आधार

Afrin Soyal Patel

जन्म तिथि/DOB: 09/04/2002

महिला/ FEMALE

Mobile No. 7219608168

7562 1774 5731

VID : 9194 0654 0615 8213

मेरा आधार, मेरी पहचान

NAVI MUMBAI MUNICIPAL CORPORATION

NO.NMMC/MOH/S309/2024

CERTIFICATE OF REGISTRATION [Renewal]

(Under Bombay Nursing Home Registration (Amendment) Act 2005 Under Section 5)

This is certify that Dr. Dhammdeep R. Humane & Dr. Rakesh S. Tirmale

has been registered under The Bombay Nursing Home Registration (Amendment) Act 2005, in respect of Basil Super Speciality Care Pvt. Ltd.

situated at Plot No. 12, Sector-10, Koperkhairane Navi Mumbai.

400 709, and has been authorised to carry on said Nursing Home.

Registration No. : 360

Date of Registration : 01.04.2024

Place : **NMMC Head Office, C.B.D. Belapur, Navi Mumbai**

Date of Issue : 06.09.2024

Terms and Conditions

1) Certificate is vaild upto 31 / 03 / 2027
2) No of indoor patients Sanctioned .....22 [Twenty Two Beds]
3) There should not be any nuisance or health hazards to the neighboring residents.
4) Hospital waste should be disposed off as per Biomedical Waste Management Handling Rules 2016. (and amendment)
5) Hospital waste should not be thrown in community dustbins or anywhere in open space.
6) All necessary NOCs required from various departments should be renewed regularly.
7) It is necessary to obtain relevant Registration / Licences required under various act applicable to hospital.
8) Registration should be renewed every three years in the month of March as per the Bombay Nursing Home Registration (Amendment) Act 2005.
9) It is mandatory to submit information / report as desired by NMMC.
10) The registration is liable to be revoked on violation of any of above condition.

Local Supervising Authority Cum.
Medical Officer of Health
Navi Mumbai Municipal Corporation

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

FINAL BILL

Bill No	:	156	**Bill Date**	:	16-05-2025 .
IPD No	:	IP/148	**UHID No**	:	2025-2026/564
Patient Name	:	Mrs. AFRIN SOYAL PATEL			
Contact No	:	816 930 8822	**Age/Sex**	:	23/Female
Admission Ward	:	2nd Floor	**Bed No.**	:	TWIN SHARING
Date of Admission	:	13-05-2025 01:03 PM	**Date of Discharge**	:	16-05-2025 12:26 PM
Doctor In Charge	:	Dr. Devidas Chavan	**Refering Doctor**	:	DR. NILESH SHINDE

Sr.No.	Particular	Amount Rs.	Unit/Days	Total
1.	**REGISTRATION CHARGES**	**500.00**	**1**	**500**
2.	**BED CHARGES**			
	TWIN SHARING	1,800.00	4	7,200
			Sub Total	**7,200.00**
3.	**CONSULTANT CHARGES**			
	Dr. Devidas Chavan (TWIN SHARING)	850.00	6	5,100
			Sub Total	**5,100.00**
4.	**NURSING CHARGES**			
	Nursing Charges (TWIN SHARING)	650.00	4	2,600
			Sub Total	**2,600.00**
5.	**RMO CHARGES**			
	RMO Charges (TWIN SHARING)	550.00	4	2,200
			Sub Total	**2,200.00**
6.	**Biomedical Waste Charges**	**200.00**	**1**	**200**
7.	**PHARMACY CHARGES**	**15,316.00**	**1**	**15,316**
8.	**PATHOLOGY CHARGES**	**7,600.00**	**1**	**7,600**
9.	**ECG CHARGES**	**400.00**	**1**	**400**
10.	**HGT**	**150.00**	**4**	**600**
11.	**USG ABDOMEN**	**1,800.00**	**1**	**1,800**
12.	**PROCEDURE CHARGES**			
	Nebulisation	150.00	9	1,350
			Sub Total	**1,350.00**
13.	**RADIOLOGY CHARGES**			
	X-RAY CHEST AP	1,000.00	1	1,000

This bill was created using PRESCO IPD. By SWAPNA SAWANT at 16-05-2025

Sr.No.	Particular	Amount Rs.	Unit/Days	Total
			Sub Total	1,000.00

Payment Details

Total Bill Amount :	45,866.00
Discount (Rs.):	0.00
Advance/Received Amount :	45,866.00
Balance Amount :	0.00

Advance/Received Amount (In Words) : **Forty Five Thousand Eight Hundred and Sixty Six Rupees**

Balance Amount (In Words) :

Thank You	Receiver Sign :

Date	Amount	Payment Type	Payment Mode	Transaction ID
16-05-2025	45866.00	Against Bill	In Hand Cash	

This bill was created using PRESCO IPD By SWAPNA SAWANT at 16-05-2025

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

RECEIPT

BILL No.	:	156
Receipt No	:	288
IPD No	:	IP/148
UHID No	:	2025-2026/564
Patient Name	:	AFRIN SOYAL PATEL
Received Date	:	16-05-2025
Amount	:	Rs. 45,866.00
Amount (In Words)	:	Forty Five Thousand Eight Hundred and Sixty Six Rupees
Payment Type	:	Against Bill
Payment Mode	:	In Hand Cash

Thank You

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Reg. No. 2040

Signatory Authority

Prepared By:- RUBINA

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.
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Discharge Summary

UHID No.:- 2025-2026/564 **IPD No.:-** IP/148

Name of Patient:- Mrs. AFRIN SOYAL PATEL

Address:- KKR ROAD TURBHA STORE NAVI MUMBAI ROOM NO-3069

Age:- 23 **Gender:-** Female

Treating Consultant:- Dr. Devidas Chavan **Ref By:-** DR. NILESH SHINDE

Date of Admission:- 13-05-2025 **Time of Admission:-** 01:03 PM

Date of Discharge:- 16-05-2025 **Time of Discharge:-** 12:26 PM

Chief Complaints:

FEVER WITH CHILLS, COUGH WITH EXPECTORATION, CHEST DISCOMFORT, HEADECH, BODYACHE, GEN-WEAKNESS SINCE 5-6 DAYS.
BP-90/60MMHG,PR-128/MIN,SPO2-95%,RR-26/MIN,TEMP-102.1F.

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 ESSOM 40MG		1	-	-	1		Days	
3.	*INJ EMSET 4MG IV		1	1	-	1		Days	
4.	* INJ PCM 1 GM		-	-	-	-		Days	
5.	INJ NERVISAVE 1AMP		1	-	-	-		Days	
6.	TAB CLARINOVA 500MG		1	-	-	-		Days	
7.	TAB MONTAIR LC		-	-	-	1		Days	
8.	SYP ASCORIL D 5ML		1	1	-	1		Days	
9.	TAB ACEVEL 100MG		1	-	-	1		Days	
10.	NS GARGLE		1	1	-	1		Days	

This Discharge Summary was created using PRESCO PAPERLESSIPD.

Sr.	MEDICINE	Route	M-Qty	A-Qty	E-Qty	N-Qty	AF/BF	DURATION	INSTRUCTIONS
11.	NEB DUOLIN +BUDECORT		1	-	-	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 CETIL 500MG		1	-	1	-		5 Days	
2.	TAB SUMPRAZ D		1	-	-	1		5 Days	
3.	TAB ACEVEL 100MG		1	-	-	1		5 Days	
4.	TAB MONTAIR LC		-	-	-	1		5 Days	
5.	NS GARGLE		1	-	-	1		5 Days	
6.	* TAB DOLO 650 MG		-	-	-	-		5 Days	IF FEVER
7.	CAP 5G MAX		-	-	-	1		10 Days	

Advice On Follow Up:

FOLLOW UP AFTER 5DAYS WITH CBC.

COLLECT SPUTUM RM, C/S REPORTS AFTER 4 DAYS.

***I have been explained the medicines and care to be taken at home.**
Received all the reports, xrays 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 ----------

Dr. Devidas Chavan
MBBS, F C P S (Medicine)
Reg. No. 2086/05/2003.

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Reg no.360

Soyal

Soyal

Parent / Relative **Discharge Card Received By** **DR SUNIL (RMO) Medical Officer** **(Dr. Devidas Chavan) Treating Doctor**

Date : 16-05-2025 12:26 PM

This Discharge Summary was created using PRESCO PAPERLESSIPD.

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1497
Date : 16/05/2025
Time : 11:58:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 10TAB	SKICEF 500MG TAB	NEON	NP892008	10/26	576.00	576.00	576.00
1 x 15CAP	SOMPRAZ D 40	SUN	GTC0062A	12/26	265.00	265.00	265.00
1 x 10 CAP	AB FLO	LUPI	S25171401C	02/27	298.35	298.35	298.35
1 x 15TAB	MONTAIR LC	CIPL	4SNZ380	11/26	407.08	407.08	407.08
1 x 100 ML	BETADINE GARGLE	WIN	PB05025	07/26	334.00	334.00	334.00
1 x 15 TAB	DOLO 650	MIC	DOB63926	12/28	33.76	33.76	33.76
1 x 10 TAB	5 G PLUS	[illegible]	[illegible]	01/27	180.00	180.00	180.00

BASIL MEDICO
Cabin No.01, Ground Floor,
Plot No.12, Lioness & Lions Club
Sector 19, Koparkhairane,
Navi Mumbai 400709.

For BASIL MEDICO

(REGD. PHARMACIST)

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

Get well soon
GSTIN : 27AAKFB3830H1ZD PAN:
Subject To THANE Jurisdiction

GROSS : 2094.19
ADD : 0.00
LESS : 0.00

NET AMT : 2094.19

BILL OF SUPPLY

BASIL MEDICO	Patient : AFRIN PATEL	
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Inv.No: CR/1496
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : DR.DEVIDAS CHAVAN	Date : 16/05/2025
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	Time : 11:56:00
State Code : 27 MAHARASHTRA	State Code: 27 MAHARASHTRA	

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 500 ML	NS	BAXT	2501002102	03/27	100.20	100.20	100.20
1 x 2ML	METHYREL 2ML	3M I	LI40724	06/26	290.00	290.00	290.00

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

For BASIL MEDICO	Get well soon	GROSS : 390.20
	GSTIN 27AGCPV9365L1ZD PAN:	ADD : 0.00
(MRS. PHARMACIST)	Subject to PUNE Jurisdiction	LESS : 0.00
D.L.No.: MH-TZ7-434621,MH-TZ7-434622	Mob.:	NET AMT : 390.20

~~15,136~~

15,316

BILL OF SUPPLY

BASIL MEDICO	Patient : AFRIN PATEL	
CABIN NO.1, GROUND FLOOR, PLAT NO.1	Address :	Inv.No: CR/1427
LIONESS AND LIONS CLUB OF NEW BOMBA	Doctor : DR.DEVIDAS CHAVAN	Date : 13/05/2025
BONKODE ROAD, KOPARKHAIRNE, NAVI MU	Address :	Time : 11:51:00
State Code : 27 MAHARASHTRA	State Code: 27 MAHARASHTRA	

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 10 CAP	AB FLO	LUPI	001B25RA	01/27	298.35	298.35	298.35

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

GROSS	:	298.35
ADD	:	0.00
LESS	:	0.00
NET AMT	:	298.35

For BASIL MEDICO

(REGD. PHARMACIST)

D.L.No.: MH-TZ7-434621,MH-TZ7-43

Subject to THANE Jurisdiction

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1433
Date : 14/05/2025
Time : 11:52:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2 x 1	CEFX O 1GM INJ	*	D24310	08/26	68.25	68.25	136.50
2 x 1	MAXZOLE INJ	*	D0862409A	04/26	212.00	212.00	424.00
3 x 1VIAL	ONDESTERON INJ	INTA	A24AM342	01/26	13.35	13.35	40.05
2 x 100ML	NEOMOL I.V.	3M I	T383L766	11/26	574.00	574.00	1148.00
1 x 2ML	METHYREL 2ML	3M I	LI40724	06/26	290.00	290.00	290.00
100 ML	NS	BAXT	2501041086	02/27	47.09	47.09	94.18
1 x 500 ML	NS	BAXT	2501002102	03/27	100.20	100.20	100.20

Continued On Next Page . . .

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1433
Date : 14/05/2025
Time : 11:52:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
500 ML	RL	BAXT	2501017056	03/27	74.00	74.00	74.00
2 x 2 ML	SYRINGE 2 ML	LIFE	012502-T	12/29	24.00	24.00	48.00
2 x 1	NEEDLE NO 18	SUR	4309103	10/29	6.50	6.50	13.00
5 x 1	DUOREL RESP	*	2481051	09/26	40.50	40.50	202.50
5 x 1	BUDEREL RESP	*	2482033	09/26	26.65	26.65	133.25

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

For BASIL MEDICO
(RAJA PHARMACIST)
D.L.No.: MH-TZ7-434621,MH-TZ7-434622

Get well soon
Subject to THANE Jurisdiction
Lab :

GROSS : 2703.68
ADD : 0.00
LESS : 0.00

NET AMT : 2703.68

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1461
Date : 15/05/2025
Time : 13:02:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2 x 1	CEFX O 1GM INJ	*	D24310	08/26	68.25	68.25	136.50
2 x 1	MAXZOLE INJ	*	D08624094	04/26	212.00	212.00	424.00
3 x 1VIAL	ONDESTERON INJ	INTA	A24AM342	01/26	13.35	13.35	40.05
1 x 2ML	METHYREL 2ML	3M I	LI40724	06/26	290.00	290.00	290.00
2 x 100ML	MEGMOL I.V.	3M I	T383L766	11/26	574.00	574.00	1148.00
100 ML	NS	BAXT	2501041086	02/27	47.09	47.09	94.18
1 x 500 ML	NS	BAXT	2501002102	03/27	100.20	100.20	100.20

Continued On Next Page . . .

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1461
Date : 15/05/2025
Time : 13:02:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
500 ML	RL	BAXT	2501017056	03/27	74.00	74.00	74.00

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

GROSS : 2306.93
ADD : 0.00
LESS : 0.00

For BASIL MEDICO

(REGD. PHARMACIST)

Subject To THANE Jurisdiction

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

NET AMT : 2306.93

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1422
Date : 13/05/2025
Time : 11:51:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 1	VENEPORT NO 22	SUR	G25A010713	12/29	307.00	307.00	307.00
1 x 1	THREE WAY	SUR	G24L010859	11/29	225.00	225.00	225.00
1 x 1	CANULA FIXATOR	3M I	016A024	09/27	120.00	120.00	120.00
2 x 1	IV SET	POLY	2421	11/27	305.00	305.00	610.00
1 x 1	NEEDLE NO 18	SUR	4309103	10/29	6.50	6.50	6.50
3 x 10 ML	SYRINGE 10 ML	LIFE	022510ED	01/30	50.50	50.50	151.50
3 x 2 ML	SYRINGE 2 ML	LIFE	012502-T	12/29	24.00	24.00	72.00
3 x 5 ML	SYRINGE 5 ML	LIFE	022505-AB	01/30	27.00	27.00	81.00
3 x 1	CEFX O 1GM INJ	*	D24310	08/26	68.25	68.25	204.75
3 x 1	MAXZOLE INJ	*	D0862409A	04/26	212.00	212.00	636.00
4 x 1VIAL	ONDESTERON INJ	INTA	A24AM342	01/26	13.35	13.35	53.40

Continued On Next Page . . .

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1422
Date : 13/05/2025
Time : 11:51:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
3 x 100ML	NEOMOL I.V.	3M I	T383L766	11/26	574.00	574.00	1722.00
1 x 2ML	METHYREL 2ML	3M I	LI40724	06/26	290.00	290.00	290.00
3 x 100 ML	NS	BAXT	2501041086	02/27	47.09	47.09	141.27
1 x 10 TAB	CLARIBID 500	PFIZ	CLB24001	08/26	446.18	446.18	446.18
1 x 15TAB	MONTAIR LC	CIPL	4SN2361	11/26	407.08	407.08	407.08
100 ML	ASCORIL D + SYRUP	GLE	11241113	08/26	154.50	154.50	154.50
1 x 1	NEB MASK ADULT	CHIR	25B169	01/28	625.00	625.00	625.00

Continued On Next Page . . .

BILL OF SUPPLY

BASIL MEDICO
CABIN NO.1, GROUND FLOOR, PLAT NO.1
LIONESS AND LIONS CLUB OF NEW BOMBA
BONKODE ROAD, KOPARKHAIRNE, NAVI MU
State Code : 27 MAHARASHTRA

Patient : AFRIN PATEL
Address :
Doctor : DR.DEVIDAS CHAVAN
Address :
State Code: 27 MAHARASHTRA

Inv.No: CR/1422
Date : 13/05/2025
Time : 11:51:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
2.5 ML	DUOLIN RESPULES	CIPL	4D10134	10/26	24.94	24.94	124.70
5 x 2 ML	BUDECORT 0.5 MG RESPULES	CIPL	4T00252	09/26	26.65	26.65	133.25
2 x 500 ML	NS	BAXT	2501002102	03/27	100.20	100.20	200.40
2 x 500 ML	RL	BAXT	BRL25005	02/27	72.70	72.70	145.40
1 x 1	EXAMINATION GLOVES PACK	3M I	M	12/27	450.00	450.00	450.00
1 x 1	MICROPORE 1"	SUR	MEDIGRIP	03/26	91.50	91.50	91.50
1 x 1	SKIN BLADE	3M I	0524048	02/29	125.00	125.00	125.00

MEDICLEM
For BASIL MEDICO
(REGD. PHARMACIST)
D.L.No.: MH-TZ7-434621,MH-TZ7-434622

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

GROSS	:	7523.43
ADD	:	0.00
LESS	:	0.00
NET AMT	:	7523.43

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

Date: 13/05/2025

Patient's Name Mrs. Afrin Patel Age / Sex 23y/F

Dr. Name Devidas. C IPD/OPD No. 148y

veinflow — (1)
Threeway — (1)
I.V. Set — (2)
fixer — (1)
18 NO Needle — (1)
Syring 10cc — (3)
5cc — (3)
2cc — (3)
inj - Monocef 1gm (3)
inj - essom 40mg — (3)
inj - emset 4mg — (4)
inj. PCM 1gm — (3)
inj - Neruisale — (1)
100ml NS — (3)

P.T.O

Tab. clarinova 500mg — (1)

Tab. montair L.C — (1)

Syp. Ascoril — (1)

Neb mask — (1)

Neb Duoline — (1)

Budecort — (1)

I.O NS — (2)

RL — (2)

Glouse box — (1)

microfor — (1)

Shewing bleed — (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.
79000 09802 022 - 2754 1212 basilhospital2021@gmail.com

Date 13/5/2025

Patient's Name Afrin patel Age / Sex 23y/F

Dr. Name Devidas.G IPD/OPD No. 148

Tab- Acevel 100

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Regd.

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

Date: 14/5/2025

ent's Name Afrin Patel Age / Sex 23/F

Dr. Name Devidas. C. IPD/OPD No. 148

Inj. Mono cef 1gm — (2)

Inj. Essom 40mg — (2)

Inj. Emset 4mg — (3)

Inj. Pcm 1gm — (2)

Inj. Nerrisave — (1)

100ml NS — (2)

NS 500ml — (1)

~ L 500ml — (1)

Syringe 2cc — (2)

Needle 18no. — (2)

Neb. D + B. — (4) P.T.O.

BASIL SUPER SPECIALITY CARE PRIVATE LIMITED

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

Date: 5/5/2025

Patient's Name Afrin Patel Age / Sex 31 F

Dr. Name Devidas-C IPD/OPD No. 148.

Inj. Monocef 1gm - (2)

Inj. Essom 40mg - (2)

Inj. Emset 4mg - (3)

Inj. Nemisave - (1)

Inj. PCM 1gm - (2)

100ml NS - (2)

IONS 500ml - (1)

RL 500ml - (1)

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED

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

Date: 6 / 5 / 2025

nt's Name Afrin Patel Age / Sex 23 / F

Dr. Name Devidas - C. IPD/OPD No. IP 148.

Inj. ~~Monocef~~ 1g

NS 500ml — (1)

Inj. Nemisave — (1)

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Reg no. 360

R.

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. 26606 Date : 13/5/2025

Patient Afrin Patel Age/Sex F

Referred by Dr. : Basil Hospitay

S.No.	TEST NAME	AMOUNT
1	CBC MP	300
2	LFT	800
3	RFT	1200
4	urinerim	200
5	widal	200
6	NS-1	600
7		
8		
9		
10		
11		
12		
13		
14		
15		

Rs. Three Thousand three Hundred only

TOTAL	3300/-
ADV.	—
BAL.	—
TOTAL PAID	3300/-

Thank You!

SUYASH CLINICAL LABORATORY KOPER KHAIRANE

For SUYASH CLINICAL LABORATORY

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. 26629 Date : 16/05/2025

Patient Afrin Patel Age/Sex F

Referred by Dr. : Basil Hospital

S.No.	TEST NAME	AMOUNT
1	CBC	250/-
2	LFT	800/-
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Rs. One Thousand fifty only

TOTAL	1050/-
ADV.	—
BAL.	—
TOTAL PAID	1050/-

SUYASH CLINICAL LABORATORY KOPER KHAIRANE

Thank You!

For SUYASH CLINICAL LABORATORY

SUYASH
CLINICAL LABORATORY

Tel. : 2754 6261
Mob. : 9820757235
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Cash Memo

No. 26617 Date : 15/05/25

Patient Afrin Patel Age/Sex F

Referred by Dr. : Basil Hospital

S.No.	TEST NAME	AMOUNT
1	Sputum C/S	1500/-
2	" RIM	1500/-
3	CBC	250/-
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Rs. Three Thousand Two Hundred Fifty only

TOTAL	3250/-
ADV.	—
BAL.	—
TOTAL PAID	3250/-

Thank You!

SUYASH CLINICAL LABORATORY KOPAR KHAIRANE

For SUYASH CLINICAL LABORATORY

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OPD ASSESSMENT SHEET

PATIENT'S NAME : Afrin patel AGE : 23 SEX : F DATE : 13/05/25

DR. Devidas-c IPD NO.: 140 WARD: BED NO.:

Provisional Diagnosis AFI c LRTI Operation

Chief complaints & history of present illness : fever c chills, cough c expectoration, Chest c discomfort Headache.

Past History (Medical & Surgical) :

Nil

Personal History :

Allergic :

Family History:

Nil

General Examination : Pulse : 128 BP:- 90/60 Temp :- 102.1°F Weight :-

P/A:- soft Lymph Nodes:- Skin & dental:-

Adv

Admission.

Systemic Examination: RS - B/L crepts
CVS
CNS } (N)

Provisional Diagnosis:

AFI c LRTI

Doctor's Signature :

Name : Dr. Sunil

Regd. No.:

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INVESTIGATION SHEET

PATIENT'S NAME: Afrin Patel AGE 23 SEX: F DATE : 13/5/25

DR. Devidas C. IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c LRTF Operation Nil

DATE: 13/5/25
CBC, LFT, RFT, Urine R/M, Dengue NS 1
MP widal.

DATE:

DATE: 15/5/25
CBC, Sputum { AFB, C/S, R/M, Gen. Exp

DATE: 16/5/25
CBC, LFT.

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TPR AND I/O CHART

PATIENT'S NAME : Afrin patel AGE 23y SEX : F DATE : 16/05/25

DR. Devidas.C IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI CLRTI Operation Nil

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO2	Aspiration	Drain (if any)
8 a.m.	98.F	76/m	20/m	110/70	NS 500ml	BBF 300ml		97%.		
9 a.m.										
10 a.m.	98.F	76/m	20/m	110/80			—	98%.		
11 a.m.						H2O 100ml				
12 noon	98f	70/m	22/m	110/70				97%.		
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.										
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	Poonam Manisha.	
E		
N		

By Mouth :- 400ml
By I. V.:- 500ml
Total Intake 900 ml.

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

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TPR AND I/O CHART

PATIENT'S NAME : Afrin patel AGE : 23 SEX : F DATE : 15/5/25

DR. Devidas. C IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI & LRTI Operation

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO2	Aspiration	Drain (if any)
8 a.m.	98.1°F	76/m	20/m	100/70	NS 500ml	H2O		99%		
9 a.m.										
10 a.m.	98.1°F	70/m	22/m	100/70		300ml	✓	98%		
11 a.m.										
12 noon	98.5	78/m	20/m	100/70			✓	98%		
1 p.m.	101.8°F	128/m	24/m	100/60	PCM 100ml	H2O		97%		
2 p.m.	99.6°F	114/m	22/m	100/80	RL 500ml	100ml		98%		
3 p.m.	98°F	104/m	20/m	100/60		Paili	✓	98%		
4 p.m.	98°F	92/m	22/m	100/70		H2O		99%		
5 p.m.						200				
6 p.m.	98°F	96/m	20/m	100/60	NS 100ml		✓	98%		
7 p.m.	100°F	112/m	20/m	100/60	PCM 100ml	H2O 100ml		98%		
8 p.m.	98°F	96/m	20/m	100/60				98%		
9 p.m.						Dinner 900ml				
10 p.m.	98°F	90/m	20/m	110/60			✓	98%		
11 p.m.										
12 p.m.										
1 a.m.										
2 a.m.										
3 a.m.	102°F	116/m	20/m	110/60	100ml PCM			98%		
4 a.m.	100°F	108/m	20/m	110/60				98%		
5 a.m.	98°F	90/m	20/m	110/60				98%		
6 a.m.					100ml NS					
7 a.m.							✓			

	NAME	INITIAL
M	Poonam/Manisha	
E	Priyali/Pradnya	
N	Akshata/Swati	

By Mouth :- 1000ml
By I. V.:- 1500ml
Total Intake 1600ml

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

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TPR AND I/O CHART

PATIENT'S NAME : Afrin patel AGE : 23 SEX : F DATE : 14/5/25

DR. Devidas. C IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI & LRTI Operation NIL

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO2	Aspiration	Drain (if any)
8 a.m.	98f	78/m	20/m	100/60	NS 500ml	BBF H2O	BLD	98%		
9 a.m.										
10 a.m.	98 f	80/m	22/m	100/70		200ml		97%		
11 a.m.	101 f	120/m	24/m	100/60	PCM 100ml		✓	98%		
12 noon	99.8f	112/m	22/m	100/70		H2O 100ml		98%		
1 p.m.										
2 p.m.	98 f	92/m	20/m	100/60	ORL 500ml			98%		
3 p.m.						Paid H2O 300				
4 p.m.	98f	106/m	20/m	100/70			✓	99%		
5 p.m.										
6 p.m.	102.6f	120/m	24/m	90/60	PCM NS	100		96%		
7 p.m.	100°f	118/m	24/m	90/60	500	200	✓	97%		
8 p.m.	99.9f	104/m	22/m	100/60				98%		
9 p.m.						Dinner				
10 p.m.	98.f	92/M	22/M	110/70		200ml		97%		
11 p.m.										
12 p.m.	103.f	118/m	20/m	110/60	100ml PCM	H2O 100ml	✓	98%		
1 a.m.	100.f	98/m	20/m	110/60				98%		
2 a.m.	98.f	90/m	20/m	110/60				98%		
3 a.m.										
4 a.m.										
5 a.m.	101.f	108/m	20/m	110/60	100ml PCM			98%		
6 a.m.	100.f	96/m	20/m	110/60	100ml NS			98%		
7 a.m.	98°f	90/m	20/m	110/60			✓	98%		

	NAME	INITIAL
M	Poonam/Manisha	
E	Rupali	
N	Akshata / Swati	

By Mouth :- 1100ml
By I. V.:- 2000ml
Total Intake 3100ml

Aspiration :-
Urine :- 2850 cal
Drain :-
Total Out-puts
RMO Sign.

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TPR AND I/O CHART

PATIENT'S NAME : Afrin Patel AGE 23y SEX : F DATE 13/5/25

DR. Devidas C. IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c̄ LRTI Operation Nil

Time	Time				IN-TAKE		OUT-PUT			
	T.	P.	R.	B.P.	I.V.G.S. S.G.S.	By mouth	Urine	SPO2	Aspiration	Drain (if any)
8 a.m.										
9 a.m.										
10 a.m.										
11 a.m.										
12 noon										
1 p.m.	102.1F	126/m	26/m	90/60	PCM 100ml			95%		
2 p.m.	100.1F	110/m	24/m	100/60	NS 100ml	H2O 200ml	✓	96%		
3 p.m.	99.F	108/m	22/m	100/70	NS 500ml			96%		
4 p.m.	98.F	88/m	22/m	110/70		Lunch 300ml		97%		
5 p.m.	98.5	86/m	20/m	100/70			✓	97%		
6 p.m.	98°F	80/m	20/m	110/60	RL 500ml	H2O 400ml		96%		
7 p.m.	98°F	92/m	20/m	100/66			✓	98%		
8 p.m.	103.F	118/m	20/m	100/60	100ml PCM			97%		
9 p.m.	102°F	108/m	20/m	100/60		Dairy milk		97%		
10 p.m.	100°F	110/m	20/m	100/60	NS 100	H2O 100	✓	97%		
11 p.m.	99°	96/m	20/m	100/70				98%		
12 p.m.	98°F	90/m	20/m	100/70				98%		
1 a.m.										
2 a.m.										
3 a.m.										
4 a.m.										
5 a.m.	101.6°F	124/m	24/m	100/60	PCM 100		✓	96%		
6 a.m.	100°F	112/m	22/m	100/60	NS 100			97%		
7 a.m.	99°F	104/m	20/m	100/70				98%		

	NAME	INITIAL
M	Manisha/Poonam	
E	Akshata/Manisha	
N	Rupali/Sandhi	

By Mouth :- 800ml

By I. V.:- 1600ml

Total Intake 2400ml

Aspiration :-

Urine :- Passed

Drain :-

Total Out-puts

RMO Sign.

Patient Name : Mrs. AFRIN SOYAL PATEL UHID : 2025-2026/564 IPD : IP/148 Gender : Female Age : 23

IV Fluids : 16/05/2025

	Start Time	Sign	End Time	Sign
IVF NS (1)	10 am	[illegible]		
RL (1)				

Non Drug Orders

Diet : NBM : ☐ **Liquid :** ☐ **Soft :** ☐ **Full :** ☐ **Diabetic :** ☐ **SRD :** ☐

Others specify :

Vital Signs / Pedal Puses : 2 hrly HGT : 2 hrly

Oxygen Administration :

Nebulisation ☐ / Steam Inhalation ☐ ☐ hrly

	T			
	S			
Neb (D+B) BD	T	10		10
	S	AM		PM
NS Grasgyle TDS	T	9	3	10
	S	AM	PM	PM

Physiotherapy :

RT Aspiration : I/O : Others :

Investigations :

sputum R/M <5 (7), CBC, LFT.

Referrals :

Name & Signature of RMO / Registrar : **Signature of Consultant :**

SPECIALITY CARE PRIVATE LTD. Reg. No.360 BASIL SUPERS

Patient Name : Mrs. AFRIN SOYAL PATEL UHID : 2025-2026/564 IPD : IP/148 Gender : Female Age : 23

IV Fluids : 15/5/25

	Start Time	Sign	End Time	Sign
IVF NS (1)	2		2 pm	
RL (1)	2 pm		8 pm	

Non Drug Orders

Diet : **NBM :** ☐ **Liquid :** ☐ **Soft :** ☑ **Full :** ☐ **Diabetic :** ☐ **SRD :** ☐

Others specify :

Vital Signs / Pedal Puses : 2 hrly **HGT :** 24 hrly

Oxygen Administration :

Nebulisation ☑ / Steam Inhalation ☐ ☐ hrly

Neb (D+B) BD	T				
	S				
	T	10			10
	S	Am			pm
NS Ceftazole TDS	T	9		3	10
	S	Am		pm	pm

Physiotherapy :

RT Aspiration : I/O : Others :

Investigations :

sputum R/M ZS, CBC

Referrals :

Name & Signature of RMO / Registrar : **Signature of Consultant :**

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Reg No. 360

Patient Name : Mrs. AFRIN SOYAL PATEL UHID : 2025-2026/564 IPD : IP/148 Gender : Female Age : 23

IV Fluids : 14/5/25

	Start Time	Sign	End Time	Sign
IVF NS (1)	2	[illegible]	2 pm	[illegible]
RL (1)	2 pm	[illegible]	8 pm	[illegible]

Non Drug Orders

Diet : NBM : ☐ **Liquid :** ☐ **Soft :** ☑ **Full :** ☐ **Diabetic :** ☐ **SRD :** ☐

Others specify :

Vital Signs / Pedal Puses : 2 hrly HGT : 2 hrly

Oxygen Administration :

Nebulisation ☑ / Steam Inhalation ☐ ☐ hrly

T				
S				
T	10			10
S	AM			PM
T	9	3		10
S	AM	PM		PM

Neb (D+13) BD

NS Gargle TDS

Physiotherapy :

RT Aspiration : I/O : Others :

Investigations : CXR (T) CBC

USG A+P

C/m sputum R/m <5

Referrals :

Name & Signature of RMO / Registrar : **Signature of Consultant :**

BASIL SUPERSPECIALITY CARE PRIVATE LIMITED Reg. No.360

Patient Name : Mrs. AFRIN SOYAL PATEL UHID : 2025-2026/564 IPD : IP/148 Gender : Female Age : 23

IV Fluids : 13/5/25

IV	Start Time	Sign	End Time	Sign
IV @ NS 500ml	7pm	[illegible]	11pm	[illegible]
RL 500ml	1:30 PM	[illegible]	7pm	[illegible]

Non Drug Orders

Diet : NBM : ☐ **Liquid :** ☑ **Soft :** ☐ **Full :** ☐ **Diabetic :** ☐ **SRD :** ☐

Others specify :

Vital Signs / Pedal Puses : 2 hrly HGT : 24 hrly

Oxygen Administration :

Nebulisation – / Steam Inhalation – – hrly

Neb Duolin BD	T			
	S			
Budecort BD	T		3 PM	11 PM
	S			
	T		3 PM	11 PM
	S			

Physiotherapy : – NS gargle TDS 10 PM

RT Aspiration : – I/O : – Others : –

Investigations : ECG, HGT, CBC, LFT, MP widal, Dengue NS1, Urin R/m, CXR, USG Abdo

Referrals :

Name & Signature of RMO / Registrar : **Signature of Consultant :**

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MEDICATION SHEET

PATIENT'S NAME: Afrin patel AGE 23 SEX F DATE: 16/5/25

DR. Devi des. C IPD NO.: 148 WARD: T/S- BED NO.:

Provisional Diagnosis AFI ⊆ LRTI Operation Nill

Medication	Dose	Route	Freq	Omit	Time / Sign	Administration Record				
						T/S				
TPR | BP | SLOCHARTING										
INJ MONOCEF	1GM	IV	BD	D4			6 AM			6 PM
INJ ESSOM	40	IV	BD				6 AM			6 PM
INJ EMSET	4mg	IV	TDS				6 AM	2 PM		10 PM
INJ PCM	1GM	IV	SOS				2 AM			
INJ NERVISAVE	1mp	IV	OD				10 AM			
T. CLARINOVA	500	PO	OD	D4			10 AM			
T. MONTAIR	LC	PO	HS							10 PM
TAB. ACEVEL	100	PO	BD				10 AM			10 PM
Sup ASCORIL'O'	5ml	PO	TDS				9 AM	3 PM		10 PM

	NAME	INITIAL
M	Poonam	Manisha
E		
N		

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MEDICATION SHEET

PATIENT'S NAME: Afrin patel AGE 23 SEX F DATE: 15/5/25

DR. Devidas C IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI E LRTI Operation Nil

Medication	Dose	Route	Freq	Omit	Time / Sign	Administration Record				
						T/S				
TPR/BP/SpO2 CHARTING										
INJ MONOCEF	1GM	IV	BD	D3			6 AM			6 pm
INJ ESSOM	40	IV	BD				6 AM			6 pm
INJ EMSET	4mg	IV	TDS				6 AM	2 pm		10 pm
INJ PCM	1GM	IV	SOS				5 AM	1 pm		7 pm
INJ NERVISAVE	1mp	IV	OD				10 AM			
T. CLARINOVA	500	PO	OD	D3			10 AM			
T. MONTAIR	LC	PO	HS							10 pm
CAP. ACEVEL	100	PO	BD				10 AM			10 pm
Sup ASCORIL-D	5ml	PO	TDS				9 AM	3 pm		10 pm

	NAME	INITIAL
M	Poonam/Manisha	
E	Deepali/Pravida	
N	Akshata/Swati	

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MEDICATION SHEET

PATIENT'S NAME: Afrin patel AGE 23 SEX F DATE: 14/5/25

DR. Devi des. C IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c̄ LRTI Operation Nil

Medication	Dose	Route	Freq	Omit	Time / Sign	Administration Record				
						T/S				
IPR | BP | SlocHARTING										
INJ MONOCEF	1GM	IV	BD	D2			6 AM			6 PM
INJ ESSOM	40	IV	BD				6 AM			6 PM
INJ EMSET	4mg	IV	TDS				6 AM	2 PM		10 PM
INJ PCM	1GM	IV	SOS				5 PM	1 AM		6 PM 2 AM
INJ NERVISAVE	1mp	IV	OD				10 AM			
T. CLARINOVA	500	PO	OD	D2			10 AM			
T. MONTAIR	LC	PO	HS							10 PM
CAP. ACEVEL	100	PO	BD				10 AM			10 PM
Sup ASCORIL'O'	5ml	PO	TDS				9 AM	3 PM		10 PM

	NAME	INITIAL
M	Poonam/manisha	
E	Reyselli	
N	Hathatel Swati	

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MEDICATION SHEET

PATIENT'S NAME : Afrin Patel AGE : 23y SEX : F DATE : 13/5/25

DR. Devidas C. IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI E LRTI Operation Nil

Medication	Dose	Route	Freq	Omit	Time / Sign	Administration Record				
TPR / BP / IO / CHART / LOG						T / S				
INJ- MONOCEF	1gm	IV	BD					1:15 pm		11 pm
INJ - ESSOM	40mg	IV	BD					1:15 pm		11 pm
INJ - EMSET	4mg	IV	TDS					1:15 pm		11 pm
INJ - PCM	1gm	IV	STAT					1:30 pm	8 pm	
INJ - NERVISAVE	1AMP	IV	OD					1:30 pm		
TAB- CIARINOVA	500mg	P/O	OD					3 pm		
TAB- MONTAIR	LC	P/O	HS							10 pm
SYP- ASCORIL D	5ml	P/O	TDS					3 pm		10 pm
TAB- ACEVEL	100mg	P/O	BD						10 pm	
NS GARGAL		I-H							7 pm	

	NAME	INITIAL
M	Manisha	Poonam
E	Akshata	Manisha
N	Relxelle	Suddi

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : F. DATE : 16/05/25
DR. Devidas IPD NO.: IP/148 WARD: BED NO.:
Provisional Diagnosis AFI c̄ LRTI Operation –

DATE	NOTES	TREATMENT
16/05/25 10:AM	S/B - Dr. Nisha.	
	A/c/o - LRTI	
	C/O	
	No any fresh complaint.	
	- Headache.	
	- Gen-weakness.	
	O/E	
	BP - 110/80 mmHg.	Adv
	PR - 76/m.	(S) CBC
	SPO2 - 98%.	LFT.
	Temp - Afeb.	
	RR - 20/m.	
	S/E	
	CVS, CNS, RS NAD.	
	P/A - Soft.	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel AGE 23 SEX F DATE : 16/5/25
DR. Devidas. C IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI E LRTI Operation —

DATE	NOTES	TREATMENT
16/5/25 9:AM	S/B - Dr. Sharma	
	AC/O - LRTI	
	C/O	
	- Cough.	
	- Gen-weakness	
	- O/E	Adv
	BP- 110/70 mmHg	(S) CBC
	P- 74/min	LFT
	SpO2 - 97% on RA	
	RR- 20/min	
	T - Afeb	
	S/E	
	CVS	
	CNS } NAD	
	RS	
	P/A - Soft	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : f DATE : 16/5/25
DR. Dr. Devidas chauan IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI c̄ LRTI Operation —

DATE	NOTES	TREATMENT
16/5/25	FRESH ORDER'S	
	TPR/BP/IOC/SpO2/ Charting	
D4	Inj. MONOCEF 1GM	1-0-1 (IV)
	INJ. ESSOM 40mg	(IV) BD 1-0-1
	INJ. EMSET 4mg	(IV) TDS 1-1-1
	INJ. PCM 1GM	(IV) SOS
	INJ. NERVISAVE 1 Amp + 100ml NS	-DD
D4	TAB. CLARINOVA (500mg)	1-0-0
	TAB. MONTAIR LC	0-0-1
	Syp. ASCORIL-D (5ml)	1-1-1
	NEB^c Duolin + Budecort	1-0-1
	Cap. ACEVEL 100.	1-0-1
	NS Gargle	1-1-1
	IVF I O NS / I O RL	@ 80ml/hr

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : f DATE : 15/5/25
DR. Dr. Devidas Chavan IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI c LRTI Operation —

DATE	NOTES	TREATMENT
15/5/25 10:00pm	S/B. Dr. Pratik Chavan ↓ Dr. Devidas Chavan c/o - Fever on & off Cough c expectoration ⊕ General weakness. O/E Bp - 110/60 mmHg PR - 90/min SpO2 - 98 % T - Afebrile S/E RS - AEBE CVS - S1S2 ⊕ CNS - Conscious, oriented P/A - Soft	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23y SEX : F DATE : 15/5/25

DR. Devidas C. IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c̄ URTI Operation

DATE	NOTES	TREATMENT
15/5/25	AB & Deriv URTI Adv rest - Plenty of fluids → c/c	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : F DATE : 15/05/25
DR. Devidas Chaun IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI & LRTI Operation —

DATE	NOTES	TREATMENT
15/05/25 12.00pm	Rds Dr Sanil (R.M.O)	
	G.C. Mudah	
	Afebrile	
	BP 100/70 mmHg	
	PR 78/min	
	RR 20/m	
	SpO2 98%	
	Rs RS CVS } NAD	Rx
		Cofy
	P/A soft	
	C/O - Cough - Body pain - General weakness	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23y SEX : F DATE : 15/5/25

DR. Devidas C. IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c̄ LRTI Operation —

DATE	NOTES	TREATMENT
15/5/25	AB & Deriv UTI Vitals - Stable → U/A	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23y SEX : F DATE : 15/5/25
DR. Devidas C. IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI c̄ LRTI Operation

DATE	NOTES	TREATMENT
15/5/25 8AM	S/B - Dr. Fakhera.	
	AEUD - LRTI	Adv
	C/O cough fever c̄ chills Body pains rhinitis chest discomfort gen weakness.	(5) CBC. sputum - AFB - GS - Hiss - TB Gen expt
	O/E BP - 100/70 mmHg PR - 76/min. SpO2 - 99% Temp - Afebrile. RR - 20/min. Resp	→ SR P/A - soft BS ✓ CVS CNS

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : F DATE : 15/5/25
DR. Dr. Devidas chauan IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI C LRTI Operation —

DATE	NOTES	TREATMENT
15/5/25	FRESH ORDER'S	
	TPR/BP/IOC/SpO2/ Charting	
D3	Inj. MONOCEF 1GM	1-0-1 (IV)
	INJ. ESSOM 40mg	(IV) BD 1-0-1
	INJ. EMSET 4mg	(IV) TDS 1-1-1
	INJ. PCM 1GM	(IV) SOS
	INJ. NERYISAYE 1 Amp + 100ml NS	-OD
	TAB. CLARINOVA (500mg)	1-0-1
	TAB. MONTAIR LC	0-0-1
	Syp. ASCORIL-D	(5ml) 1-1-1
	NEB^C Duolin + Budecort	1-0-1
	Cap. ACEVEL 100.	1-0-1
	NS Gargle	1-1-1
	IVF I O NS / I O RL	@ 80ml/hr

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DOCTOR'S NOTES

PATIENT'S NAME: Afrin Patel AGE: 23 SEX: f DATE: 14/5/25
DR. Dr. Devidas Chavan IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis: AFI c̄ LRTI Operation: —

DATE	NOTES	TREATMENT
14/5/25 10:00pm	S/B. Dr. Prathik Chavan ↓ Dr. Devidas Chavan c/o - Fever c̄ chills Cough c̄ expectoration ⊕ Headache Bodyache General weakness O/E BP - 110/70 mmHg PR - 92/min SpO2 - 97% T - 98.°F S/E RS - B/L crepts ⊕ CVS - S1S2 ⊕ CNS - Conscious, oriented P/A - Soft	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel AGE 23 SEX F DATE : 14/5/25

DR. Devidas.c IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c LRTI Operation —

DATE	NOTES	TREATMENT
14/5/25	S/B Dr. Devidas LRTI O/E - AG P - 78 BP 110/70 RR 18 SpO2 - 98%	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : F DATE : 14/05/25
DR. Devidas Chaum IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI c LRTI Operation —

DATE	NOTES	TREATMENT
14/05/25 02.00 PM	S/B Dr Sunil (R.M.O)	
	C-C. Malaria	
	Afebrile	
	BP 110/70 mmHg	
	PR 84/min	
	RR 20/min	
	SpO2 98%	
	E RS CVS CNS NAD	R/ Cfelf / 8/7
	P/A soft	
	C/O - Cough - Headache - Spike of fever	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE 23y SEX : F DATE : 14/5/25

DR. Devidas. C. IPD NO.: IP-148 WARD: BED NO.:

Provisional Diagnosis AFI c LRTI Operation —

DATE	NOTES	TREATMENT
14/5/25	SB Dr. Devidas LRTI O/E - NAD P - 77 BP - 100/60 mm Rs 78 SpO2 98% → cf	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel AGE : 23 SEX : F DATE : 14/5/25
DR. Devidas. c IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI c LRTI . Operation

DATE	NOTES	TREATMENT
14/5/25	S/B-Dr-Shamu	
9:AM	A/40- AFI c LRTI	
	C/O	
	- fever c chills	
	- cough c expectoration	
	- chest discomfort	
	- Gen-weakness	Adv
	O/E	(S) CBC
	BP- 100/70mmHg	
	P- 68/min	
	SpO2-97% on RA	
	RR- 20/min	
	T- Afeb	
	S/E	
	CVS, CNS, RS } NAD	
	P/A soft	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel. AGE : 23 SEX : F DATE : 14/5/25
DR. Dovidas chavan IPD NO.: IP/148 WARD: BED NO.:
Provisional Diagnosis AFI c̄ LRTI Operation —

DATE	NOTES	TREATMENT
14/05/25 8:AM	S/B - Dr. Nisher. C/O - Fever c̄ chills - cough c̄ expectoration. - chest discomfort. - Gen - weakness O/E BP - 110/70 mmHg. PR - 98/m. SPO2 - 98% on RA Temp - Afeb. S/E CVS, CNS, RS - NAD. P/A - Soft.	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : F DATE : 15/5/25

DR. Dr. Devidas chavan IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI ECRTI Operation

DATE	NOTES	TREATMENT
14/5/25	FRESH ORDER'S	
	TPR|BP|IOC|SpO2| Charting	
D2	Inj. MONOCEF 1GM	1-0-1 (IV)
	INJ. ESSOM 40mg	(IV) BD 1-0-1
	INJ. EMSET 4mg	(IV) TDS 1-1-1
	INJ. PCM 1GM	(IV) SOS
	INJ. NERVISAVE 1 Amp + 100ml NS	-OD
	TAB. CLARINOVA (500mg)	1-0-0
	TAB. MONTAIR LC	0-0-1
	Syp. ASCORIL-D (5ml)	1-1-1
	NEB^C Duolin + Budecort	1-0-1
	Cap. ACEVEC 100.	1-0-1
	NS Gargle	1-1-1
	IVF I O NS / I O RL	@ 80ml/h

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DOCTOR'S NOTES

PATIENT'S NAME: Afrin Patel AGE: 23 SEX: F DATE: 13/5/25
DR. Dr. Devidas Chavan IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis: AFI c̄ LRTI Operation:

DATE	NOTES	TREATMENT
13/5/25 10:00pm	S/B. Dr. Pratik Chavan ↓ Dr. Devidas Chavan c/o - Fever c̄ chills Cough c̄ expectoration Headache Bodyache O/E Bp - 100/60 mmHg PR - 110/min SpO2 - 97% T - 100°F S/E RS - B/L crepts ⊕ CVS - S1S2 ⊕ CNS - Conscious, oriented P/A - Soft	BASIL SUPERSPECIALITY CARE PVT. LIMITED Reg. No.360 (P.T.O)

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel AGE 23y SEX : F DATE : 13/05/25
DR. Devidas.C IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI & LRTI Operation –

DATE	NOTES	TREATMENT
UMP 20/4/2025	SpO2 - 96%. Rs - BAE cont (+) CVS - S1 S2 (+) CNS - conc, CNF P/A - soft	
	Add - Tab - Accoxel (Vit D) 1-0 - NS grade IV - Ort - Bowel	

→ Rest

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23y SEX : F DATE : 13/5/25

DR. Devidas C. IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c̄ LRTI Operation —

DATE	NOTES	TREATMENT
13/5/2025	SB Dr. Devidas c/o fever c̄ chills c/o headache / Body pain c/o cough c̄ sputum c/o cold / sneezing c/o vomiting c/o epigastric pain O/E - P-114 BP-100/60 mmHg -187	

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin Patel AGE : 23 SEX : F DATE : 13/05/25

DR. Daidas Chavan IPD NO.: 148 WARD: BED NO.:

Provisional Diagnosis AFI c LRTI Operation -

DATE	NOTES	TREATMENT
13/05/25 5.00pm	B/S or Sent (R.M.O)	
	C-C. Madam	
	Afebrile	
	BP 100/70 mmHg	
	PR 86/min	
	RR 20/m	
	SpO2 98%	
	S/E RS CVS CNS } NAD	
	P/A Soft	
	C/O. Cough & General weakness	

Cpy / Sy

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel AGE : 23 SEX : F DATE : 13/05/25
DR. Devidas. C IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI & LRTI Operation

DATE	NOTES	TREATMENT
	O/E T - 102.1 F Bp - 90/60 mmHg P - 128/min SpO2 - 95% on RA RR - 26/min S/E CVS CNS } NAD RS P/A - Soft HGT - 90 mg/dl Adv ECG USG Abdo CBC urin-R LFT RFT MP widal Dengue C-XR	TPR / BP / I/O CHART INJ. MONOCEF 1GM 1-0-1 INJ. ESSOM 40MG 1-0-1 INJ. EMSET 4MG 1-1-1 INJ. PCM 2GM STAT / SOS INJ. NERVISAVE 1AMP. 1-0-0 TAB CLARINOVA 500MG 1-0-0 TAB MONTAIR L.C 0-0-1 SYP. ASCORIL-D 5ml 1-1-1 NEB. D+B 1-0-1 INF IGNS, IOR.L

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DOCTOR'S NOTES

PATIENT'S NAME : Afrin patel AGE : 23 SEX : F DATE : 13/05/25
DR. Devidas-C IPD NO.: 148 WARD: BED NO.:
Provisional Diagnosis AFI c̄ LRTI Operation

DATE	NOTES	TREATMENT
	S/B. Dr Sheena	
13/05/25 1:05pm	A female patient age 23yr came with relative with complaints of. LMP - 20/04/25 c/o	
	- fever c̄ chills	5-6 Days
	- cough c̄ expectoration.	
	- Chest discomfort	
	- Headache / Bodyache	
	- Gen-weakness	
	patient taking treatment on OPD base but not relief.	
	- No H/O DM / HTN / Asthma	
	- No Any surgical History.	

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Reception Staff Sign	Interpreter/Nurse Sign	Relative/Witness Sign	Patient Sign Date : 13-05-2025

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ADMISSION FORM

UHID No.	:	2025-2026/564			
IPD No.	:	IP/148			
Patient Name	:	Mrs. AFRIN SOYAL PATEL			
Consulting Dr.	:	Dr. Devidas Chavan			
Age / Gender	:	23 / Female			
Address	:	KKR ROAD TURBHA STORE NAVI MUMBAI ROOM NO-3069			
Adm. Date	:	13-05-2025	**Discharge Date**	:	16-05-2025
Adm. Time	:	01:03 PM	**Discharge Time**	:	12:26 PM
Contact No.	:	816 930 8822	**Name of Relative**	:	MR.SOYAL PATEL
Relationship	:	HUSBAND	**Relative Contact No.**	:	7219608168
Patient Type	:	Non-MLC	**Ref. By**	:	DR. NILESH SHINDE
Payment Mode	:	Reimbursement			

Discharge Status : Relieved

1. While taking admission I/We, have read & understood all the charges of your hospital, which will accure 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 valuabie 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.

BASIL SUPER SPECIALITY CARE PRIVATE LIMITED Reg. No.360

Mem No. 02288

ISO 9001-2015 CERTIFIED COMPANY

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

PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10435
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	16-05-2025

Complete Blood Count

TEST DONE	*RESULT*	*NORMAL RANGE*
Erythrocyte Count	4.51	3.8 -- 4.8 mil per c.u. mm.
Haemoglobin	12.7	12 -- 15 gms/dl
Leucocyte Count	**10700**	4000 -- 10000 cu. mm.
R.B.C. Indices		
P.C.V.	39	36 -- 46 percent
M.C.V.	86.5	83 -- 99 femtolitres
M.C.H.	28.3	27 -- 32 pico-grams
M.C.H.C.	32.7	31.5 -- 34.5 percent
R.D.W. - S.D.	12.6	11.6 -- 14.6 %.
W.B.C. differential count		
Neutrophils	63	45 -- 75 percent
Eosinophils	02	0 -- 6 percent
Lymphocytes	35	20 -- 40 percent
Basophils	00	0 -- 2 percent
Monocytes	**00**	2 -- 10 percent
eripheral Smear findings		
WBC	Normal	
RBC Morphology	Normochromic Normocytic	
Platelet Count	339000	150000 -- 450000 per cu. mm.

Method : Fully Automated Cell counter - Nihon Kohden MEK6420P

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

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

E-mail : suyashlaboratory@gmail.com
Timing : 08.30a.m. To 02.00p.m. 6.00p.m. to 10.30p.m., Sunday : 08.30a.m. To 02.00p.m.

IGENETIC Diagnostics

manipal TRUtest
FAST. ACCURATE. RELIABLE

LABORATORY TEST REPORT

ID	: 2601794	Collection	: 15/05/25, 04:42 PM	Client Name	: Suyash Clinical Laboratory -TTFRKM008
Name	: AFRIN PATEL	Received	: 15/05/25, 11:27 PM	Client Address	: MUMBAI
DOB/Age	: 23 years	Reported	: 15/05/25, 11:30 PM		
Gender	: Female	Ref. Doctor	: BASIL HOSPITAL		

11251350840

Test Description	Value(s)	Unit(s)	Biological Reference Interval
Sputum Routine Examination			
PHYSICAL EXAMINATION			
Quantity	2 ml		
Colour	Whitish		
Con ncy	Salivary		
MICROSCOPY RESULT			
Pus Cells	10-25/LP.F		
Epithelial Cells	>25/L.P.F		
Gram Stain	Moderate Pus cells seen, plenty epithelial cells seen, Plenty Gram positive cocci in pairs-chains seen, Moderate Gram negative bacilli seen.		
Ziehl-Neelsen Stain	Acid fast bacilli **NOT** seen.		

Remark(s)

- Kindly inform if culture of Mycobacterial species by MGIT liquid culture method / L. J. Method is required to be carried out.
- In all clinically suspected cases of Tuberculosis, it is advised to perform Genexpert assay for the detection of Mycobacterium tuberculosis in n and Rifampicin resistance.

END OF REPORT

Dr ASHITHA SING
MD MICROBIOLOGY

CONDITIONS OF REPORTING
iGenetic Diagnostics Pvt. Ltd.

1. Individual laboratory investigations are never conclusine but should be used along with other relevant clinical examination to achieve final diagnosis. The results of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used.

2. Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.

3. All tests have been carried out with reasonable care, clinical safety and technical integrity. However, due to certain factors such as reagent inconsistency, machine breakdowns etc. beyond iGenetic control which could affect the testing iGenetic does not make any respresentation or give any warranty about the accuracy of the reported results.

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7. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside iGenetic or collection centers are required to be prepared, stored, labelled and brought as per the guidelines set by iGenetic. iGenetic cannot be held liable for incorrect result of any samples which are not as per the guidelines issued.

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10. Should the test results indicate an unexpected abnormality, the same should be re-confirmed.

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15. ** Indicates test performed by referral laboratory.

IGENETIC Diagnostics

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FAST. ACCURATE. RELIABLE

LABORATORY TEST REPORT

ID	: 2601794	Collection	: 15/05/25, 04:42 PM	Client Name	: Suyash Clinical Laboratory -TTFRKM008
Name	: AFRIN PATEL	Received	: 15/05/25, 11:27 PM	Client Address	: MUMBAI
DOB/Age	: 23 years	Reported	: 15/05/25, 11:30 PM		
Gender	: Female	Ref. Doctor	: BASIL HOSPITAL		

11251350840

Test Description	Value(s)	Unit(s)	Biological Reference Interval

Culture & Sensitivity - Aerobic Bacteria, Sputum (Automated) *

Method	Automated Culture & Vitek 2 Compact Identification & Susceptibility System
Sample	Sputum

Microscopy Result

Gra[illegible]ain

Pus [illegible]s)	10-25 cells / L.P.F.
Epithelial cell(s)	>25 cells / L.P.F.
Result(s)	Moderate pus cells seen, Plenty epithelial cells seen, Moderate Gram negative bacilli seen. Plenty Gram positive cocci in chain-pairs seen.

Culture Result

Organism(s) Isolated	**"Normal flora grown". No pathogenic organisms grown.**

Remark(s)

Susceptibility not performed as no pathogen grown in culture.

Note

- C[illegible]e and susceptibility test results are need to be correlated clinically.
- P[illegible]us history of antibiotic usage may influence the growth of microorganisms in vitro.
- The report represents only the specimen received in laboratory.

END OF REPORT

Dr ASHITHA SING
MD MICROBIOLOGY

Dr ASHITHA SING
MD MICROBIOLOGY

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iGenetic Diagnostics Pvt. Ltd.

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15. ** Indicates test performed by referral laboratory.

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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 :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10435
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	16-05-2025

Liver function Tests

TEST DONE	RESULT	NORMAL RANGE
Serum Bilirubin - Total Method : Diazo End point	0.86	0 -- 1.2 mg/dl
Serum Bilirubin - Direct Method : Diazo end Point	0.45	0 -- 0.6 mg/dl
Serum Bilirubin - Indirect Method : Calculation	0.4	0 -- 0.6 mg/dl
Serum S.G.P.T. Method : IFCC Kinetic	**59**	0 -- 45 I.U./lit
Serum S.G.O.T. Method : IFCC Kinetic	**65**	0 -- 45 I.U./lit
Serum Protein Method : Biuret on fully automated system	6.9	6 -- 7.8 gms/dl
Serum Albumin Method : BCG	3.8	3.2 -- 4.5 gms/dl
Serum Globulin Method : Calculation	3.1	2.3 -- 3.5 gms/dl
Serum Alkaline Phosphatase	116	40 -- 150 U/L

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

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

E-mail : suyashlaboratory@gmail.com
Timing : 08.30a.m. To 02.00p.m. 6.00p.m. to 10.30p.m., Sunday : 08.30a.m. To 02.00p.m.

PATIENT'S NAME	AFRIN PATEL	AGE :- 23 y/F
REFERRED BY	BASIL HOSPITAL	DATE :-14 May 2025

USG WHOLE ABDOMEN (TS)

LIVER is normal in size (14.3 cm), shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

GALL BLADDER appears well distended with normal wall thickness. There is no calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal.

SPLEEN is normal in size (11.1 cm) and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.
RIGHT KIDNEY measures 8.9 x 3.7 cm. LEFT KIDNEY measures 8.9 x 4.0 cm.

URINARY BLADDER is partially distended; no e/o wall thickening or mass or calculi seen.

UTERUS is anteverted and is normal in size, shape and echotexture; No focal lesion seen. ET measures 4.7 mm.

Right ovary is normal in size, shape and position.
Left ovary is obscured due to gases.

Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION –

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

Dr. Chetan Raut
MD Radiology
2014/08/3755

Dr. Chetan Raut
M. D. Radio Radiodiagnosis
Reg. No. : 2014/08/3755
Consultant Radiologist

Mem No. 02288

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

PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10235
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	13-05-2025

WIDAL TEST.

TEST DONE	***RESULT***
S. Typhi Antigen O	**1:20**
S. Typhi Antigen H	**1:40**
S. Paratyphi A	NEGATIVE
S. Paratyphi B	NEGATIVE
METHOD : SLIDE AGGLUTINATION	
REMARK	WIDAL TEST IS NEGATIVE

Dr. Sangeeta Bhide
MD (Pathologist)
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ADMLT (Mumbai) DIAC

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022 - 2754 6261 / 09820757235

PATIENT'S NAME : MRS AFRIN PATEL
AGE / SEX23/F
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-10334
DATE : 15-05-2025

Complete Blood Count

TEST DONE	RESULT	NORMAL RANGE
Erythrocyte Count	4.6	3.8 -- 4.8 mil per c.u. mm.
Haemoglobin	13.2	12 -- 15 gms/dl
Leucocyte Count	**14400**	4000 -- 10000 cu. mm.
R.B.C. Indices		
P.C.V.	41.6	36 -- 46 percent
M.C.V.	90.4	83 -- 99 femtolitres
M.C.H.	28.7	27 -- 32 pico-grams
M.C.H.C.	31.7	31.5 -- 34.5 percent
R.D.W. - S.D.	13.6	11.6 -- 14.6 %.
W.B.C. differential count		
Neutrophils	71	45 -- 75 percent
Eosinophils	03	0 -- 6 percent
Lymphocytes	26	20 -- 40 percent
Basophils	00	0 -- 2 percent
Monocytes	**00**	2 -- 10 percent
Peripheral Smear findings		
WBC	Normal	
RBC Morphology	Normochromic Normocytic	
Platelet Count	209000	150000 -- 450000 per cu. mm.

Method : Fully Automated Cell counter - Nihon Kohden MEK6420P

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

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

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CLINICAL LABORATORY

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Koparkhairane, Navi Mumbai - 709
022 - 2754 6261 / 09820757235

PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10235
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	13-05-2025

COMPLETE BLOOD COUNT & MP

TEST DONE	*RESULT*	*NORMAL RANGE*
Erythrocyte Count	4.66	3.8 -- 4.8 mil per c.u. mm.
Haemoglobin	13.1	12 -- 15 gms/dl
Leucocyte Count	**16400**	4000 -- 10000 cu. mm.
R.B.C. Indices		
P.C.V.	40.4	36 -- 46 percent
M.C.V.	86.7	83 -- 99 femtolitres
M.C.H.	28.2	27 -- 32 pico-grams
M.C.H.C.	32.6	31.5 -- 34.5 percent
R.D.W. - S.D.	12.5	11.6 -- 14.6 %.
W.B.C. differential count		
Neutrophils	72	45 -- 75 percent
Eosinophils	02	0 -- 6 percent
Lymphocytes	26	20 -- 40 percent
Basophils	00	0 -- 2 percent
Monocytes	**00**	2 -- 10 percent
'eripheral Smear findings		
WBC	Normal	
RBC Morphology	Normochromic Normocytic	
Platelet Count Method : Fully Automated Cell counter - Nihon Kohden MEK6420P	190000	150000 -- 450000 per cu. mm.
Malarial Parasite Method : Thick Smear. Chances of detection are highest at the time of fever. Inability to see parasite in perepheral smear does not rule out Malaria. Smears on 2-3 times may be required in few cases.	Not Seen	

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

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

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022 - 2754 6261 / 09820757235

PATIENT'S NAME : MRS AFRIN PATEL
AGE / SEX23/F
REFERRED BY Dr. : BASIL SUPERSPECIALITY HOSPITAL

SAMPLE ID: K-10235
DATE : 13-05-2025

TEST DONE	RESULT	NORMAL RANGE
Serum Uric Acid Method : Modified Tinder method	4.9	1 -- 7 mg /dl

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

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

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Koparkhairane, Navi Mumbai - 709
022 - 2754 6261 / 09820757235

PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10235
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	13-05-2025

Liver function Tests

TEST DONE	RESULT	NORMAL RANGE
Serum Bilirubin - Total Method : Diazo End point	0.82	0 -- 1.2 mg/dl
Serum Bilirubin - Direct Method : Diazo end Point	0.41	0 -- 0.6 mg/dl
Serum Bilirubin - Indirect Method : Calculation	0.4	0 -- 0.6 mg/dl
Serum S.G.P.T. Method : IFCC Kinetic	**95**	0 -- 45 I.U./lit
Serum S.G.O.T. Method : IFCC Kinetic	**90**	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	106	40 -- 150 U/L

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PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10235
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	13-05-2025

Urine Routine

TEST DONE	*RESULT*
Physical Examination	
Quantity in ml.	10 ML
Colour	Pale yellow
Reaction	Acidic
Deposit	Absent
Specific Gravity	1.010
Chemical Examination (Dip stick method)	
Albumin	**TRACE**

```
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	Absent
Acetone	Absent
Bile Salts	Absent
Bile pigments	Absent
Urobilinogen	Normal
Occult Blood	Negative
Microscopic Examination	
Red Blood Cells (per hpf.)	Absent
Pus cells (per hpf.)	3-4/HPF
Epithelial Cells	4-5/HPF
Casts	Absent
Crystals	Absent
Amorphous Material	Absent
Bacteria	Absent
Spermatozoa (Urine)	Absent

Dr. Sangeeta Bhide
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022 - 2754 6261 / 09820757235

PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10235
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	13-05-2025

RENAL PROFILE

TEST DONE	RESULT	NORMAL RANGE
Serum Urea Method: Fixed time Kinetic	20.8	15 -- 45 mg/dl
Serum Creatinine Method : Jaffe's without deproteinization	**1.6**	0.5 -- 1.2 mg/dl
Serum Calcium Method : Arsenazo endpoint	8.2	8 -- 10.5 mg /dl
Serum Phosphorus Method : End Point Ammonium Molybdate	4.2	2.3 -- 4.7 mgm /dl
Serum Sodium Method : Ion Selective Electrode analysis	142.3	136 -- 145 meq/lit
Serum Potassium Method : Ion Selective Electrode analysis	4.0	3.5 -- 5.1 meq/lit
Serum Chloride Method : ION SELECTIVE ELECTRODE.	104.8	98 -- 107 meq/dl
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

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022 - 2754 6261 / 09820757235

PATIENT'S NAME :	MRS AFRIN PATEL AGE / SEX23/F	SAMPLE ID:	K-10235
REFERRED BY Dr. :	BASIL SUPERSPECIALITY HOSPITAL	DATE :	13-05-2025

REPORT ON DENGUE ANTIGEN TEST (ELISA)

TEST DONE	***RESULT***
DENGUE Ag METHOD : ELISA REF KIT : PAN BIO	6.1

REFERENCE RANGE :

<9 Ag units - Negative

Between 9-11 Ag units- Equivocal

>11 Ag units- Positive

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

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

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Timing : 08.30a.m. To 02.00p.m. 6.00p.m. to 10.30p.m., Sunday : 08.30a.m. To 02.00p.m.

Dr. NILESH SHANKAR SHINDE

BHMS (MUHS) C.C.H. (MUMBAI)

Reg.No.70407

Mob.: 9153990999 / 8422022084
Morning : 10:00 AM - 2:00 PM
Evening : 6:00 PM To 10:00 PM

Shivshakti Nagar, Turbhe Store,
Turbhe, Navi Mumbai - 400 705.

Name Mr Abhin Patel

Age ____ Gender M Date 12/5/21

c/o: Paracastic Gastro & GI :
2 days

O/E Abh
BP: 120/80
HR 88
SpO2 99

Gk CVT
a
1 M

Adv.:

Abhinsin & Jastin Mayent

Rx

Pyrosis Sr

Pt. Mr Abhin Patel
Age 20. Jastin Mayent
Occ 4+
Basil Hospital (Cyprus)
Dr Akhil Syl

Dr. Nilesh Shankar Shinde
BHMS (Mumbai)
Reg. No. 70407
Family Physician

Dr. Nilesh Shankar Shinde

टिप : - वरील औषधे डॉक्टारांना दाखवून घ्यावीत

श्री केमिस्ट ॲन्ड ड्रगिस्ट

पत्ता: शिवशक्ती नगर, शिवसेना शाखेच्या बाजूला, तुर्भे (मो. नं. 8898921213 / 7021216605)

NAME	MRS AFRIN PATEL	AGE/SEX	23 YRS/F
REF BY.	BASIL HOSPITAL	DATE	14- 05- 2025

X-RAY CHEST PA VIEW

OBSERVATIONS :-

Haziness noted at bilateral lower lung zones likely s/o pneumonitis changes.

The trachea is central .

Cardiophrenic and costophrenic angles are normal.

The mediastinal and cardiac silhoutte are normal.

Both hila are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION :- Haziness noted at bilateral lower lung zones likely s/o pneumonitis changes.

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.

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

ECG RECORD

Date: 13/05/25

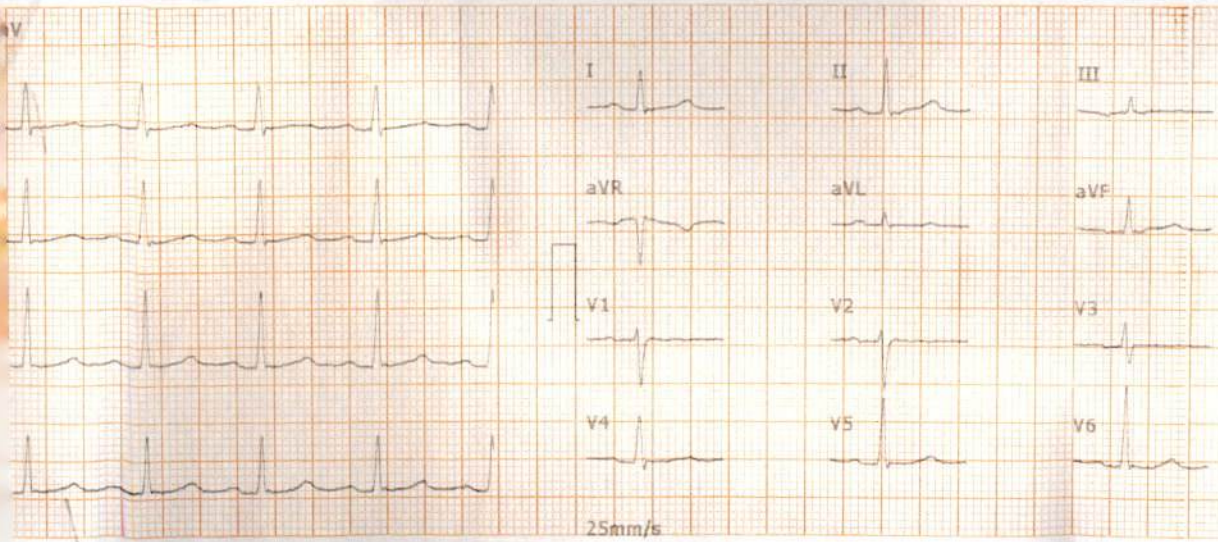
Name: Mrs. Afrin Patel.

Age : 23. Yrs. Sex : F IPD No. _____

Ref. By Dr. _____

Reported By Dr. _____ Time : _____

Clinical Summary :



2025-5-13 2:21:49 ID:00001414

ID Card:

Name: AAFRIN Gender: Female

Age: 23 Height(cm):

Weight(Kg): BP(mmHg): /

HR	bpm	83
P-R	ms	143
Q-R-S	ms	66
QT/QTc	ms	336/393
P/QRS/T AXES	deg	43/47/43
RV5/SV1	mV	0.89/0.69
RV5+SV1	mV	1.58

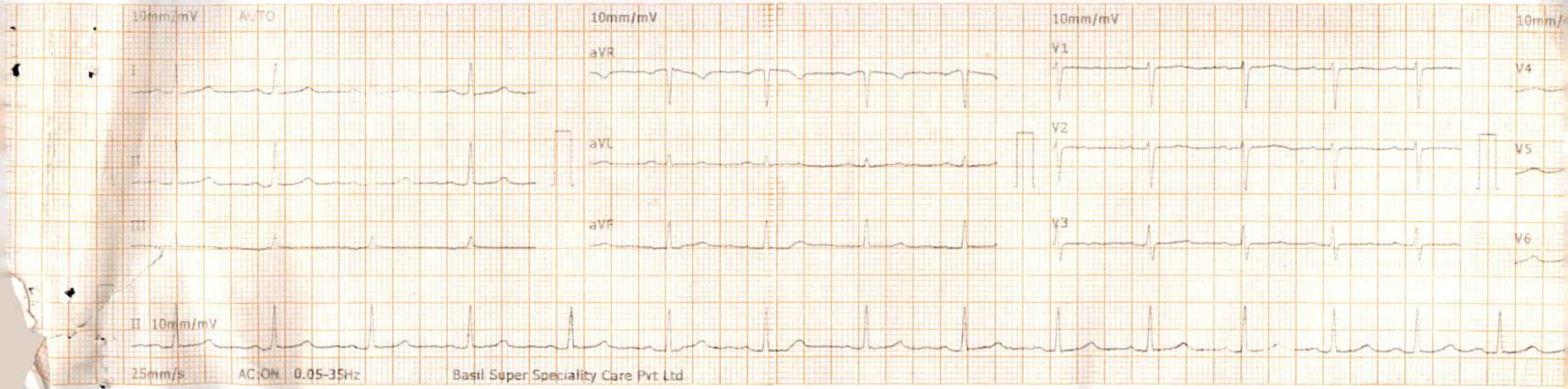
<< Conclusion >>

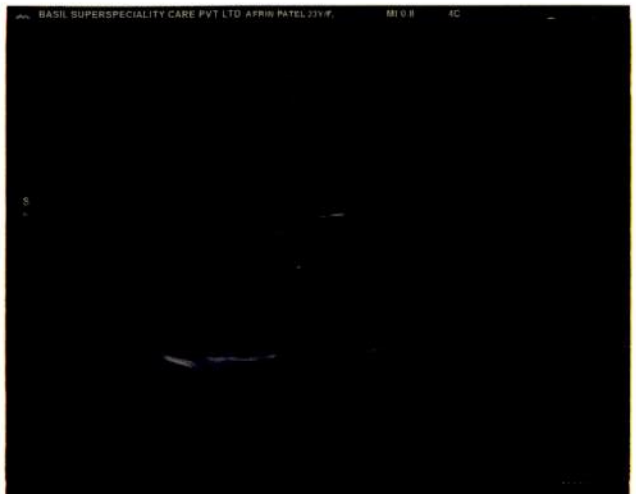
801 Sinus Rhythm

** NORMAL ECG **

*The result must be confirmed by doctor!

Report Confirmed by:


10mm/mV
AUTO
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II 10mm/mV
25mm/s
AC:ON 0.05-35Hz
Basil Super Speciality Care Pvt Ltd


BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
MI 0.8
4C

14/05/2025 08:59:55 pm ADM
140525-085625PM
TIs 0.2
Abdomen
1 L 8.94 cm
2 L 3.73 cm
d 9.84 cm
L 0.00 cm
Place the first point

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 09:01:26 pm ADM
140525-085625PM
TIs 0.2
Abdomen

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 08:59:39 pm ADM
140525-085625PM
MI 0.8
TIs 0.2
4C
Abdomen

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 09:00:27 pm ADM
140525-085625PM
MI 0.8
TIs 0.2
4C
Abdomen
1 L 11.18 cm
d 2.28 cm
L 0.00 cm
Place the first point

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 09:01:40 pm ADM
140525-085625PM
MI 0.8
TIs 0.2
4C
Abdomen
1 L 0.47 cm
d 9.02 cm
L 0.00 cm
Place the first point

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 08:58:47 pm ADM
140525-085625PM
MI 1.0
TIs 0.9
4C
Abdomen

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 09:00:38 pm ADM
140525-085625PM
MI 0.8
TIs 0.2
4C
Abdomen
1 L 8.91 cm
2 L 4.01 cm
d 8.89 cm
L 0.00 cm
Place the first point

BASIL SUPERSPECIALITY CARE PVT LTD AFRIN PATEL 23Y/F
14/05/2025 09:01:54 pm ADM
140525-085625PM
MI 0.8
TIs 0.2
4C
Abdomen

Name:- Afrin Patel

Date:- 14/05/2025

Age:- 23 SEX:- F

Examination:- X-Ray chest PA

No of X-Ray:- 1