



बॉम्बे स्टेट बँक
Bank of Baroda

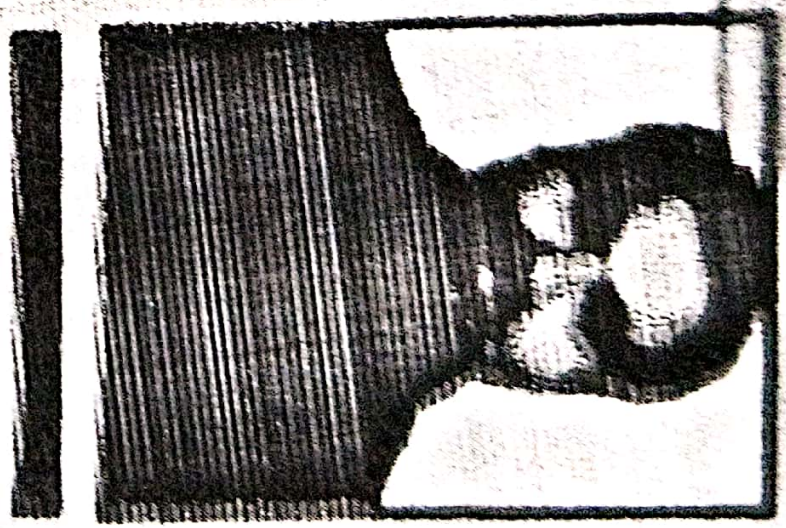
नाम निरंजन कुमार

Name NIRANJAN KUMAR

खाता संख्या 162471

EC No.

Handwritten signature



Niranjana Kumar

नाम का प्रमाण
Name of Member



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755-4272669, 4250134



Patient Name : MR KUMAR NIRAJAN



CMSH23/18954

Age/Gender : 36 Yrs/Male

Registration Date : 25/08/2023 12:05 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 25/08/2023 12:07 PM

Center : INSURANCE

Report Date : 25/08/2023 03:48 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.3	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	105	mg/dL	

Reference Range (Average Blood Sugar):

- Excellent control : 90 - 120 mg/dl
- Good control : 121 - 150 mg/dl
- Average control : 151 - 180 mg/dl
- Action suggested : 181 - 210 mg/dl
- Panic value : > 211 mg/dl

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Dr. Subhash Parmar
Consultant Pathologist



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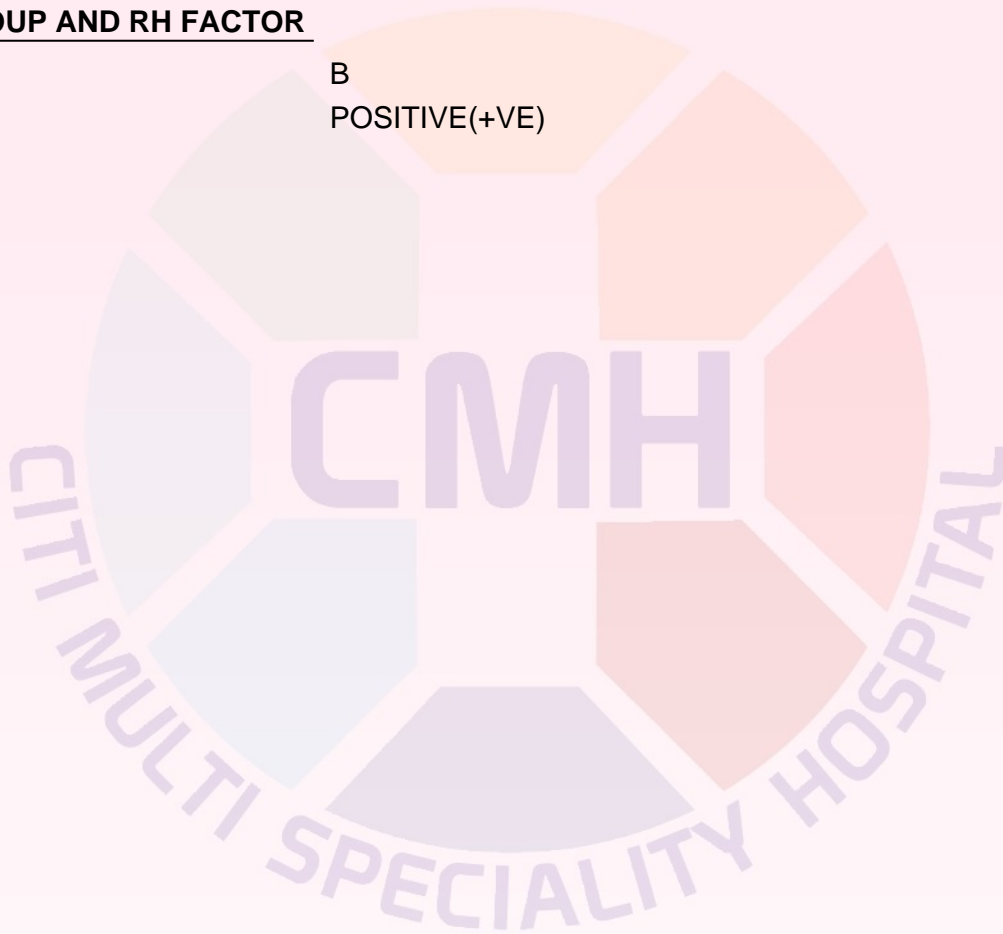
BLOOD GROUP AND RH FACTOR

ABO Type

B

Rh Factor

POSITIVE(+VE)



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	23.0	mg/dl	15 - 50
Serum Creatinine	0.84	mg/dl	0.7 - 1.5
EGFR	113	ml/min	
Blood Urea Nitrogen-BUN	10.75	mg/dl	7 - 20
Serum Sodium	140.2	mmol/L	135 - 150
Serum Potassium	4.10	mmol/L	3.5 - 5.0
Ionic Calcium	1.24	mmol/L	1.10 - 1.35
Chloride	98.0	mmol/L	94.0 - 110.0
Uric Acid	5.0	mg/dl	3.2 - 7.0

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.73	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.60	mg/dl	0.1 - 0.8
SGOT (AST)	26.3	U/L	0 - 35
SGPT (ALT)	21.0	U/L	0 - 45
ALKALINE PHOSPHATASE	72.0	U/L	40 - 140
GAMMA GLUTAMYL TRANSFERASE	23.0	IU/L	15 - 45
TOTAL PROTEIN	6.98	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.17	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.81	g/dl	1.8 - 3.6
A/G RATIO	1.48		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	181.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	146.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	42.0	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	109.80	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	29.20	mg/dL	6 - 38
CHOL/HDL RATIO	4.31		3.5 - 5.0
LDL/HDL RATIO	2.61		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Plasma Glucose	73.6	mg/dl	Normal: 70-110

Impaired Fasting
Glucose(IFG):

100-125

Diabetes mellitus: ≥ 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,

Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Post-Prandial Plasma Glucose

91.0

mg/dl

70 - 140

After Taking

Meal

Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: ≥ 200

(on more than one occassion)

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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.77	ng/mL	0.69 - 2.15
Thyroxin, (T4)	89.3	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	4.54	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5
Second Trimester : 0.2-3.0
Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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URINE ROUTINE

General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030

Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	16.4	gm/dL	12.0 - 16.0
RBC Count	5.10	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	46.6	%	40.0 - 54.0
Mean Corp Volume MCV	91.4	fL	80.0 - 100.0
Mean Corp Hb MCH	32.2	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	35.2	gm/dL	32.0 - 36.0
Platelet Count	1.56	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	6.73	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	70	%	40 - 70
Lymphocytes	25	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	4.7	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.7	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	14	mm/hr	0 - 09

Method: Wintrobess

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****


This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.



Dr. Subhash Parmar
Consultant Pathologist

MER- MEDICAL EXAMINATION REPORT

Date of Examination	25-08-2023		
NAME	Nishant Kumar		
AGE	36	Gender	Male
HEIGHT(cm)	169	WEIGHT (kg)	86
B.P.	120/70		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision : Normal		
	Far Vision Ratio : Normal		
	Near Vision Ratio : Normal		
Present Ailments	No any active Complaints		
Details of Past ailments (If Any)	No any Past History		
Comments / Advice : She /He is Physically Fit	He is physically fit		


Dr. Sabyasachi Gupta
 MBBS (Gold Medalist) MCh (Med) RCPSC (UK)
 Reg No.: 11671
 Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Anand Kumar Sharma on 25-8-2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	X
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	X
<ul style="list-style-type: none"> • Unfit 	X

Dr. S. S. Gupta
 Medical Officer
 The Apollo Clinic, (Location)

Dr. Sabyaschi Gupta
 MBBS (Gold Medalist) MD (Med.) RPGP (UK)
 Reg. No.: 11671

This certificate is not meant for medico-legal purposes



CITI MULTI SPECIALITY HOSPITAL

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Phone No. : 0755 - 4250134
Mobile No. : 7222909795, 7222909796, 9303135719



NAME;- MR.NIRANJAN KUMAR

AGE 35Y/M

REF BY;- HEALTH INSURANCE

DATE;-25/08/2023

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ All cardiac valves are normal
- ❖ Normal great vessel relationship
- ❖ Normal LV Four chambered heart.
- ❖ Normal LV size with normal LV function LVEF-60%
- ❖ No intracardiac shunt.
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ **NORMAL LV SIZE WITH NORMAL LV FUNCTION LVEF-60%**


Dr. S S Gupta, MD

Consultant Echocardiologis

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



SHIVAM HOSPITAL, MIG-215 GAUTAM NAGAR, BHOPAL

Name: MR NIRANJAN 35Y

Patient Id: 250823-123809PM

Date: 25/08/2023

Birthdate:

Sex: Male

Accession #:

Perf.Physician:

Ref.Physician:

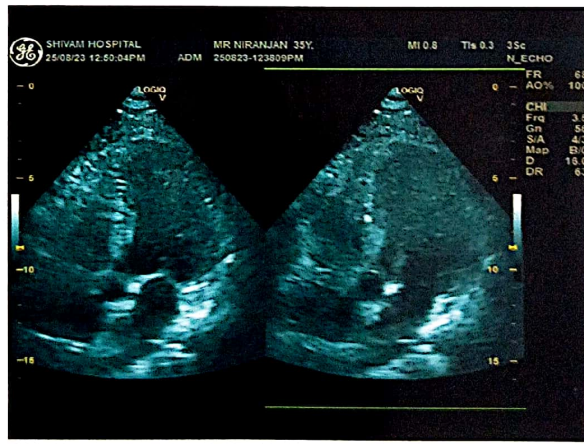
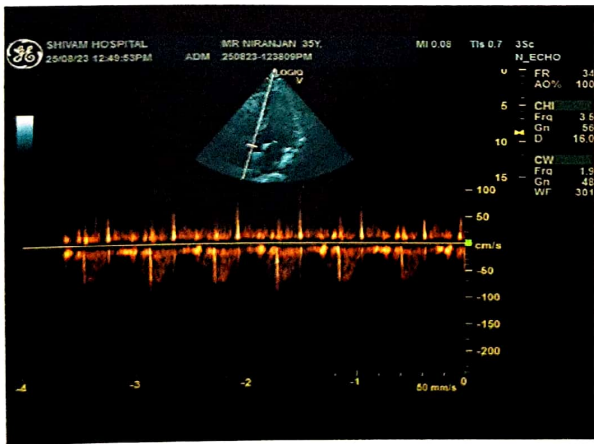
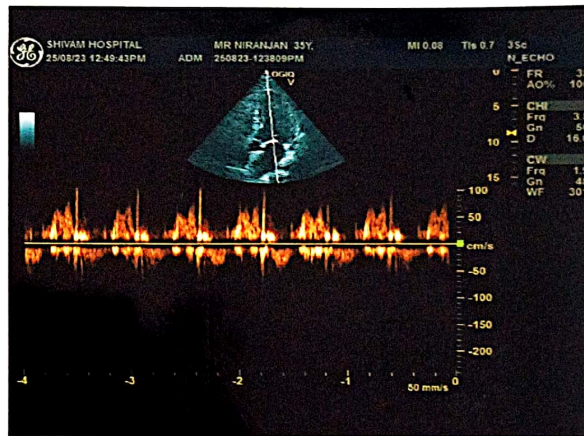
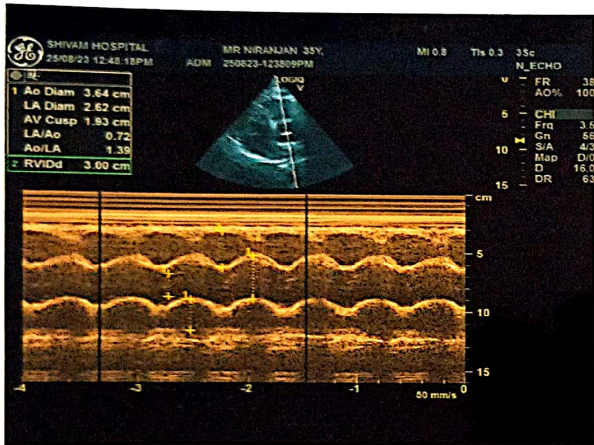
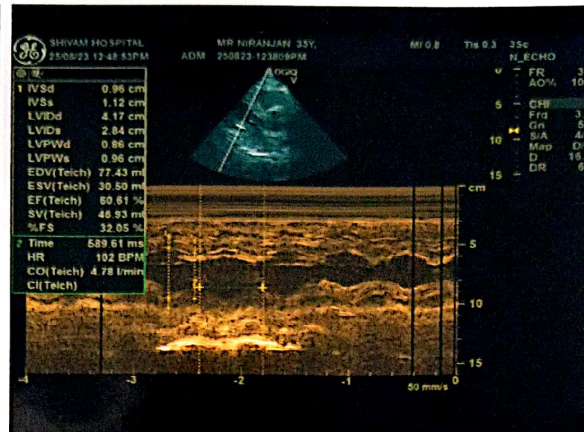
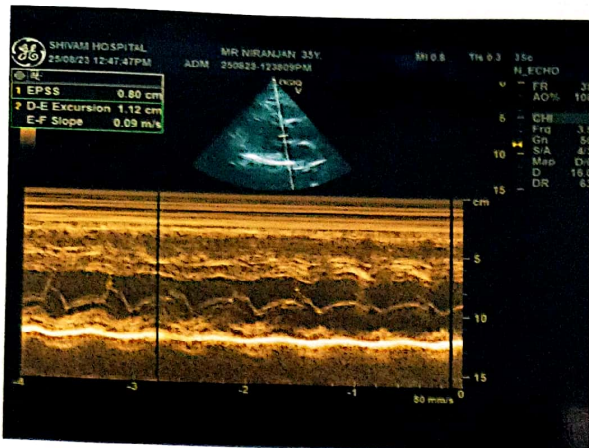
Operator: ADM

M-Mode & PW

D-E Excursion	1.12 cm
E-F Slope	0.09 m/s
EPSS	0.80 cm
Ao Diam	3.64 cm
LA Diam	2.62 cm
AV Cusp	1.93 cm
LA/Ao	0.72
Ao/LA	1.39
RVIDd	3.00 cm
IVSd	0.96 cm
LVIDd	4.17 cm
LVPWd	0.86 cm
IVSs	1.12 cm
LVIDs	2.84 cm
LVPWs	0.96 cm
EDV(Teich)	77.43 ml
ESV(Teich)	30.50 ml
EF(Teich)	60.61 %
%FS	32.05 %
SV(Teich)	46.93 ml
Time	589.61 ms
HR	102 BPM
CO(Teich)	0.00 l/min

Print Date: 8/25/2023







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Patient's Name : MR .NIRANJAN KUMAR

Age/Sex : 35years/M

Date : 25/08/2023

USG ABDOMEN & PELVIS

Liver : Liver is enlarged in size and normal in shape and have smooth contour. Hepatic parenchyma is homogenous in echotexture. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : Gall bladder seen Normal in size, shape and echotexture.

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

Kidneys : Both the kidney are normal in size, shape axis and position. Cortico medullary differentiation are normal. No caliceal dilatation seen on either side.

Urinary bladder : Urinary bladder is normal and contents are echofree.

Prostate : Prostate is normal in size 23cc, shape, weight and echotexture.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

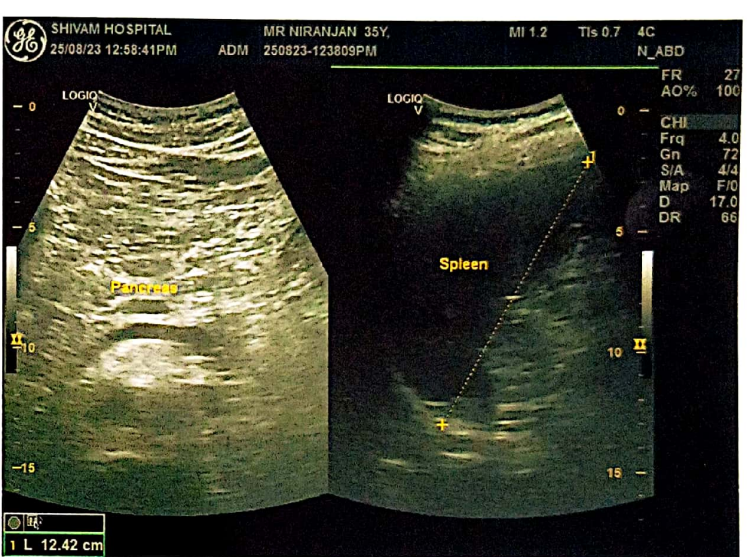
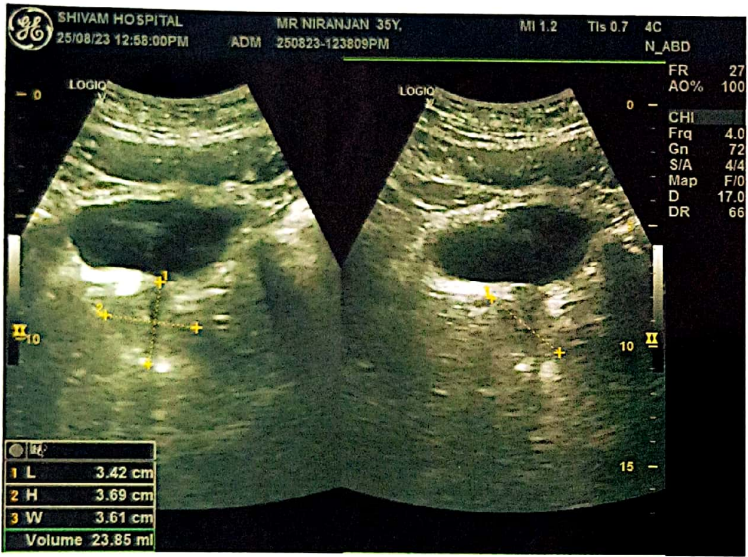
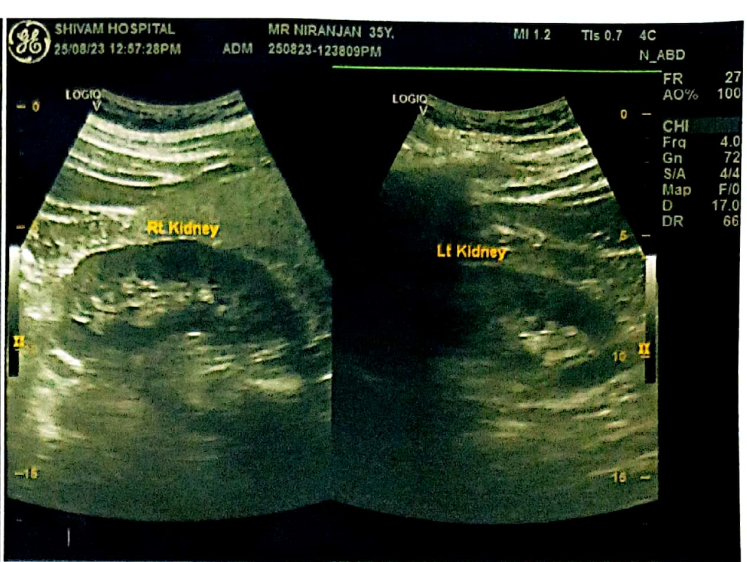
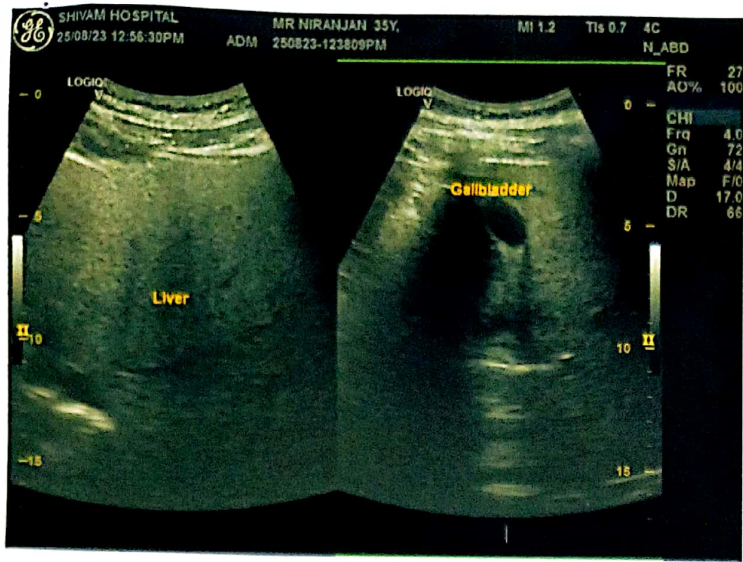
IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

IMPRESSION : grade I fatty liver.


CONSULTANT RADIOLOGIST

For Emergency Contact: 7771008660
Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat





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DIET CHART FOR PATIENTS/ आहार तालिका

Date: 25.8.2023

Dietician Name: Dr. Anurag Kumar Verma Email: - citimultispecialityhospital@gmail.com
Patient Name: Mr. Anurag Kumar Verma Diagnosis: Medical Checkup Age/Sex: 35/M
Height (cm): 169 cm Weight (Kg) 86 kg BMI 30.1
Type of Diet: High protein, Low salt
Total Kcal: 1200-1400 Kcal/day Total Protein: 90 g/day
Total Fat: 18-20 g/day Total Fluids: 4-5 Liter

6-7 am	Tea चाय/ Milk दूध / coffee काफी / Biscuit बिस्किट/ Toast टोस्ट / Bread ब्रेड (गेहूं वाली)	Smoothie
8-9 am	Milk दूध/ Soup सूप/ Poha पोहा/ Dalia दलिया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उपमा / आलू पराठा/ पनीर	1 Bowl
2-2:30 PM	Roti रोटी / Rice चावल (माड रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद Fruit फल / अंकुरित अनाज (मूंग/चना/मोठ) / Sattu सत्तू / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk छाछ	Salad 2-3 Roti 1 Bowl
6-7 PM	Tea चाय/ Milk दूध / coffee काफी / Chana + Puffed Rice चना + मूसुरा / Dhokla ढोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मखाने	1 Cup
9-10 PM	Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Dalia दलिया	Some as Lunch
Bed Time	Milk दूध/ Butter Milk छाछ / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / बादाम + अखरोट	1 Cup
Only Oil : _____ gm/day	Salt नमक: 2-3 gm/day 5 gm = 1 चम्मच (छोटा)	Ghee : _____ gm/day

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

संतुलित आहार व नियम

- आहार 2 बार के स्थान पर 4 से 6 भाग में विभाजित करके खायें, पेट भर न खायें तथा बहुत भूख लगाने की राह माँ देखें।
 - भोजन हमेशा सीधे बैठकर धीरे-धीरे अच्छे से चबाकर खायें तथा भोजन के समय टी.वी. न देखें।
 - रात का भोजन सोने से लगभग 1 से 2 घंटे पहले कर लें तथा भोजन के बाद न तो आराम करें और न ही सीधे झुकें।
 - यथा संभव सुबह एवं शाम दोनों समय कम से कम आधा घंटा पैदल चलें या हल्का व्यायाम करें।
 - अपना वजन नियंत्रित रखें एवं मोटापे से बचें, फास्ट फूड के स्थान पर संतुलित आहार लें।
-

लिवर के स्वास्थ्य हेतु भोजन का चयन :

- गेहूँ के आटे में 1.3 के अनुपात में सोयाबीन आटा व चना आटा मिलाकर उपयोग करें।
 - खाने के ऊपर से नमक का उपयोग न करें, चिप्स, प्रोसेस्ड चीज, कड़क चाय, काफी, आचार, पापड़, टमेटो केचप, कोक, कार्बोनेटेड ड्रिंक्स का सेवन कम करें एवं अल्कोहल, तम्बाकू का सेवन न करें।
 - आहार में अंकुरित अनाज का उपयोग करें, सोया मिल्क तथा नारियल तेल को भोजन में शामिल करें।
-

नोट :

1. किसी भी चीज में ऊपर से नमक न डालें।
2. अत्यधिक तेज मसालों का उपयोग न करें।
3. अत्यधिक तली हुई चीजें जैसे समोसा, कचोरी, सेव, पपड़, भजिया, आदि का उपयोग न करें।
4. खाने में अंकुरित अनाज, सोयाबिन, पनीर, दालें, दूध व दूध से बने पदार्थ, सतू पाउडर, सिके चने आदि का उपयोग करें।



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Phone No. : 0755 - 4250134
Mobile No. : 7222909795, 7222909796, 9303135719

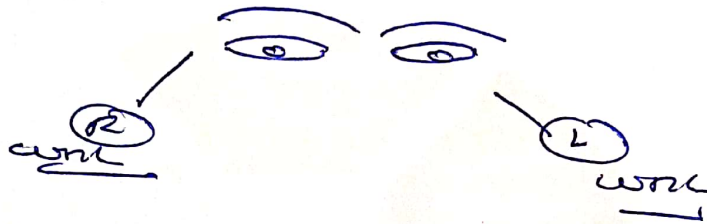


NIRAJ KUMAR
35/m

25/8/23

o/c

- NO - PAIN - FRESH
COMPLAINT in BOTH EYE



o/c

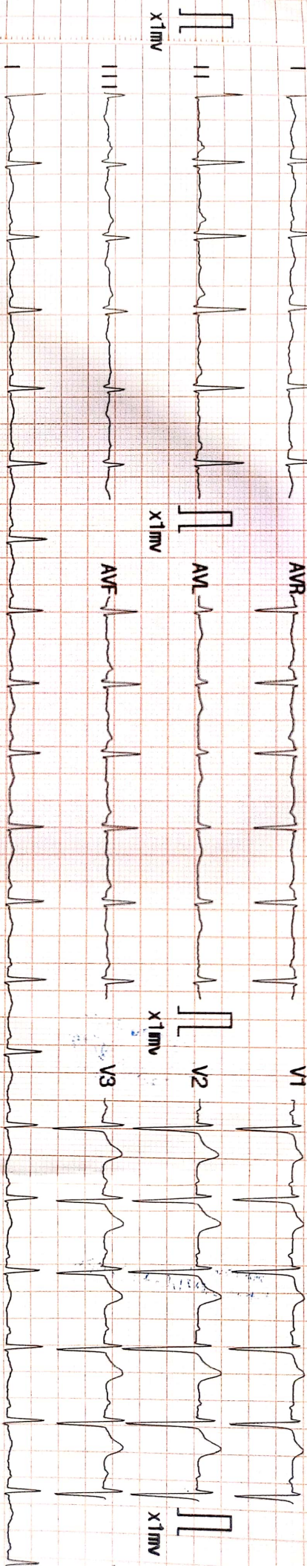
VA - (R) - clear vision RA. eye
(L) - clear vision LA. eye

- NO - WATER - DISCHARGE
in - BOTH - EYE

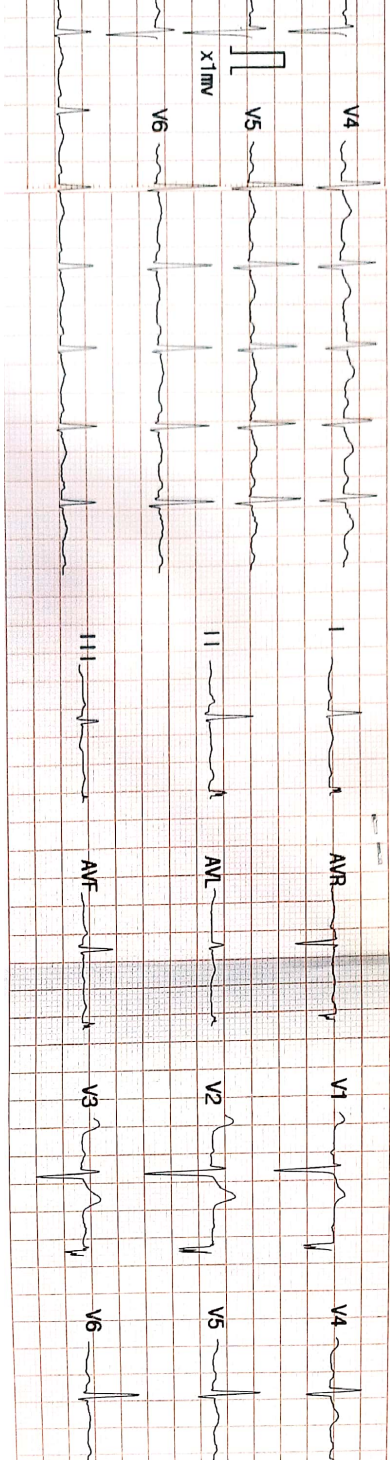
- clear vision in BOTH eye

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat

ID: 20230825170705 Name: mr niranjan 25mm/s 0.5-35Hz AC: 50Hz 10mm/mv



Organization: city multi h Doctor: dr s s gupta



ID : 20230825170705
 Name : Mr. Niranjana
 Sex : Male
 Age : 35
 HR : 109 bpm
 R-R : 526 ms
 P-R : 137 ms
 QRS : 81 ms
 QT/QTc : 321/434 ms
 P/QRS/T : 56/42/25
 RV5/SV1 : 0.839/-1.024 mV
 RV5+SV1 : -0.185 mV
 QTcf : 0.610

004: Sinus Tachycardia
 175: Maybe Abnormal ECG
 Dr. Sabyasachi Gupta
 MBBS (Gold Medalist) MD (Med) (Regd. UK)
 Reg. No.: 17871
 Reference Report Confirmed by
 Dr. Sabyasachi Gupta
 Ph: 0755-4272669
 CIVIL MULTISPECIALITY HOSPITAL
 MIG-215, 210, Gauram Nagar,
 Govindpur, Bhopal (M.P.)



Dr. Prashant Tripathi

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MDS (Pedodontist) Child Dental Specialist
Director (Admin.) Denasia | Reader - R.K.D.F. Dental College
+91 8120202014



BEST MEDICAL STUDENT AWARD BY MAHARASHTRA GOVERNMENT

BEST DENTIST AWARD BY SHRI PRAMOD SAWANT HON. CHIEF MINISTER, GOA

Bhopal • Raisen • Narsingharh • Bhaora • Rajgarh • Indore

Name : Niranjana Kumar Age / Sex : 3.6 yrs Date : 25/08/2023 O.P.D. No. : 0165

C / C : Pt. want to clear
her teeth

M / DH

C / E : Stain + t. calculus ++

Chlorhexidine
Mouthwash

INVESTIGATION ADVISE

X-Ray / OPG / CBCT

DENTAL TREATMENT PLANNING

Oral Prophylaxis

Filling

Extraction

R.P.D. or F.P.D.

RCT

Scaling or Flap Surgery

Ortho Treatment

Denture

Implant

LASER

Teeth Whitening

AESTHETIC TREATMENT

PRP

Peeling

Botox

Filler

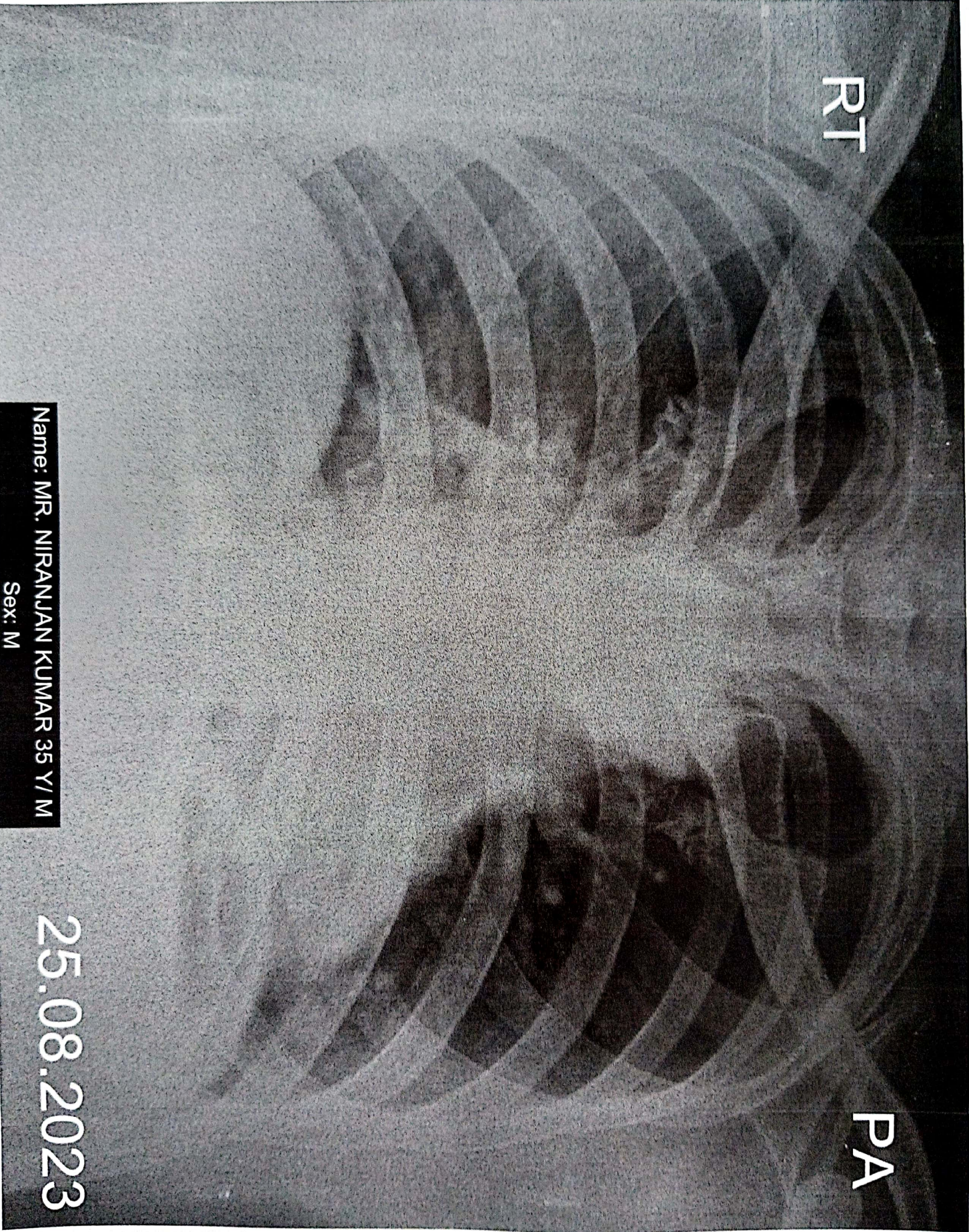
LASER

Dr. Jyoti

Emergency No. : +91 9200200300

RT

PA



Name: MR. NIRANJAN KUMAR 35 Y / M
Sex: M

25.08.2023



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Mr. Miranjan Varman

36 (M)

25-8-2023

Plc- No any active Compliments

Q/E

BP- 120/70mmHg

Pulse- 86/min

SpO2- 98%

CBS-
RBS- Freqd)

Temp- 97.4°F

HR- 25/min

H/A- Soft

R/S - B/L - Rmn

Candidate is physically fit

CMH

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Govindpura, Bhopal (M.P.)
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Food Corporation of India, Ayushman Bharat



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Phone No. : 0755-4272669, 4250134
Mobile No.: 7222909795, 7222909796, 7222909800, 9303135719



Dr. Sabyasachi Gupta
M.B.B.S., M.D.
Reg. No. 11671

Dr. Oujwal Gupta
M.B.B.S.
Reg. No. MP-23369

Niranjan Kumar

R - ⑤ Normal

⑬ - ⑩ Normal

⑦ - ⑬ Normal

CMH
CITI MULTI SPECIALITY HOSPITAL

CITI MULTISPECIALITY HOSPITAL
MIG-215, 216, Gautam Nagar,
Govindpura, Bhopal (M.P.)
Ph.: 0755-4272669


[Signature]

Sister Concern: Citi Hospital, 115,Zone-II, M.P. Nagar, Bhopal-462011, Ph.: 7771008660



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 **GPS Map Camera**

Bhopal, Madhya Pradesh, India

M-160, M-160, Gautam Nagar, Housing Board Colony, Gautam Nagar,
Housing Board Colony, Bhopal, Madhya Pradesh 462023, India

Lat 23.235108°

Long 77.44116°

25/08/23 03:16 PM GMT +05:30




Google



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 **GPS Map Camera**

Bhopal, Madhya Pradesh, India

M-160, M-160, Gautam Nagar, Housing Board Colony, Gautam Nagar,
Housing Board Colony, Bhopal, Madhya Pradesh 462023, India

Lat 23.235108°

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