





# CHARUSAT HOSPITAL



Patient Name :	MITESH GOPALBHAI RABARI	Sample No. :	SAMPLE-0107361 
Patient ID :	CH-2024-0053926	Visit No. :	OPD/2024/02/0001396
Age/Sex :	28y/Male	Call. Date :	24-Feb-2024 09:32
Referred By :	RIPAL PATEL	S. Coll. Date :	24-Feb-2024 10:12
Ward :	-	Report Date :	24-Feb-2024 12:17

Acetone : Absent -  
Urobilinogen : Absent -  
**Microscopic Examination :**  
Pus Cells : 4-6 -  
RBCs : Occasional -  
Epithelial cells : 2-3 -  
Casts : Absent -  
Crystals : Absent -

**DR. NAIK Bhatia**  
CONSULTANT PATHOLOGIST  
(M.B.B.S,D.C.P)

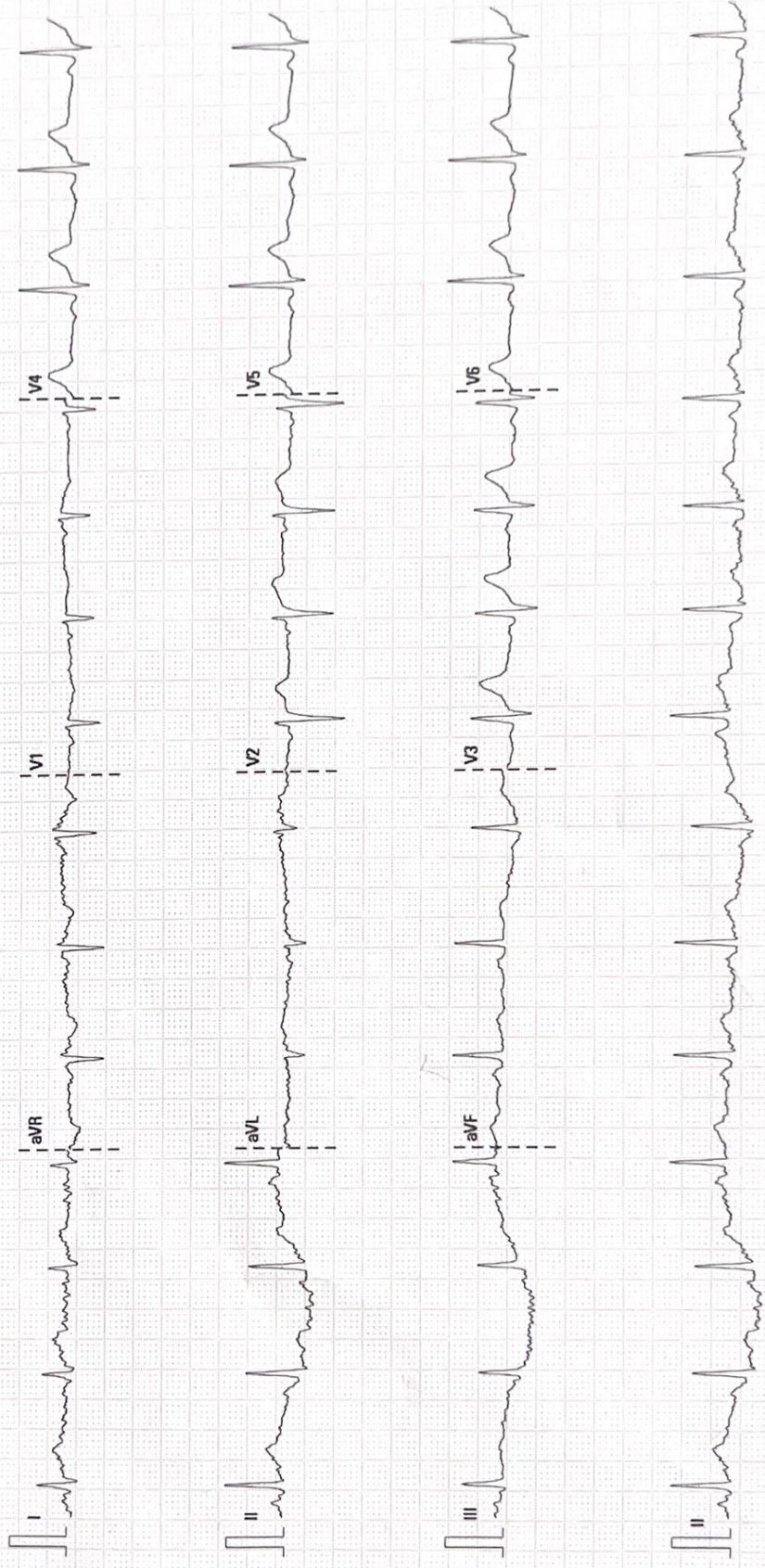
  
**DR. KETAN KAPADIA**  
CONSULTANT PATHOLOGIST  
(M.B.B.S,M.D)

ID: 0053926  
Name: Raban, Miteshkumar.G  
Age: 28 Years  
Gender: Male

24-02-2024 09:57:57 AM

Vent. Rate 82 bpm  
PR Interval 136 ms  
QRS Duration 80 ms  
QT/QTc Interval 356/395 ms  
P/QRS/T Axes 60/77/41 deg  
QTc:Hodges

Sinus rhythm  
Unconfirmed Diagnosis





# LALITABEN P. D. PATEL OPD SERVICES REGISTRATION FORM (OPD)



M.O.  
Dr. Pavan Sir

Date & Time : 24-02-2024

Registration No. : CH-2024-0053926

Name : Mitash Kumar G. Rubari Contact No. : (M) \_\_\_\_\_

Age : 28 Sex : M (O) \_\_\_\_\_

Address : \_\_\_\_\_

B.P. : 120/80 Pulse : 80 SpO<sub>2</sub> : 99%

BMI : \_\_\_\_\_ Height : \_\_\_\_\_ Weight : \_\_\_\_\_

### OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Gene for health checkup

### CASE ANALYSIS

Past History : NA

Present History : \_\_\_\_\_

G/E Vitals : \_\_\_\_\_

Systemic Examination : \_\_\_\_\_

#### **FAMILY HISTORY :**

- Diabetes
- IHD
- Hypertension
- Others (Specify) : \_\_\_\_\_

#### **PATIENT'S MEDICAL/OTHER HISTORY :**

- Hypertension
- Epilepsy
- Food Allergy
- Drug Allergy
- IHD
- Asthma
- AIDS/HIV
- Pregnancy
- T.B.
- Hepatitis B
- Bleeding Disorder
- Jaundice
- Hepatitis C

**HABBITTS :**  Smoking  Alcohol  Tobacco  Others (Specify) : \_\_\_\_\_

Investigation/s Advised : \_\_\_\_\_

Provisional Diagnosis : \_\_\_\_\_

Allergy : \_\_\_\_\_

Nutritional Advice : \_\_\_\_\_

**TREATMENT ADVISED**

DATE	DOCTOR'S NOTE	REMARK
	All Reports (2)	
	Rx ① T. Naxdom 1 tab sos (10)	
24/2/24	CL/BS Dr. Nayan	
	No other related complaints Rx - Regular exercise - Calcium rich diet	
24/2/24	S/By Dr. Nayan No complaints USG Abdomen: NAD	

Signature with Stamp

# DENTAL REGISTRATION FORM



Date & Time : 24-02-2024

Registration No. : CH-2024-0053926

Name : Miteshkumar G. Rakari Contact No. : \_\_\_\_\_

Age : 28 Emergency Contact No. : \_\_\_\_\_

Sex : M Address : \_\_\_\_\_

## OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine Check up.

### Family History :

- Diabetes  
 Hypertension  
 IHD  
 Others (Specify) :  
Habits :  Tobacco

- Hypertension  
 Diabetes  
 Epilepsy  
 Bleeding Disorder  
 Smoking

### Medical/Other History :

- IHD  
 Asthma  
 AIDS/HIV  
 Pregnancy  
 Other (Specify) :  
 T.B.  
 Hepatitis B  
 Food Allergy  
 Others (Specify) :  
 Jaundice  
 Hepatitis C  
 Drug Allergy

## સંમતિ પત્રક

હું ..... ડૉક્ટરને મારી સારવાર કરવાની મંજૂરી આપું છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈજેક્શનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડૉક્ટર કે ચારુસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : \_\_\_\_\_

સમય : \_\_\_\_\_

દર્દી / સગાની સહી

## CONSENT

I ..... hereby request and authorize Doctor ..... to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date : \_\_\_\_\_

Time : \_\_\_\_\_

Patient's / Relative's Sign.

Investigation Advised : Stains +tt

Final Diagnosis : \_\_\_\_\_

Treatment Plan : Scaling

Date : 24/2/24

Name of Doctor Falgun

Time : \_\_\_\_\_

Signature : \_\_\_\_\_

**DENTAL DEPARTMENT**

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	AMOUNT DUE



# OPHTHALMIC REGISTRATION FORM



Reg. No. : CH-2024-0053926

Date : 24-02-2024

Patient's Name : Mitash Kumar G. Reberji Age : 28/M

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Referred by / Care of : \_\_\_\_\_

Profession : \_\_\_\_\_

Type or work in daily routine : Driving / Watching TV / Computer / Reading / \_\_\_\_\_

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching /  
*routine eye check up.* Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia /  
Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

Eye Involve : RE / LE / BE Duration : \_\_\_\_\_

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia /  
Treatment

Any Surgery : Cataract / Glaucoma / \_\_\_\_\_ / RE / LE / BE

Family History : Glaucoma / RP / DM / \_\_\_\_\_

SYSTEMIC : DM / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL

### EYE DETAILS :

	<b>RE</b>	<b>LE</b>
V/A with PH	<u>6/6</u>	<u>6/6</u>
IOP	<u>13 mmHg</u>	<u>14 mmHg</u>
OWN GLASS :	<u>-</u>	<u>-</u>
AR :	<u>-0.50 x 94'</u>	<u>-0.50 sph</u>

### GLASS PRESCRIPTION

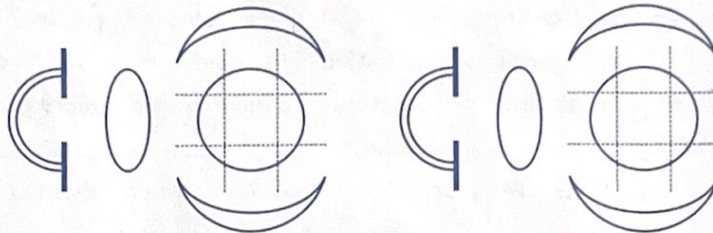
	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	<u> plano</u>		<u> 6/6</u>	<u> plano</u>		<u> 6/6</u>
Nr.						
Comp						

Remark :

Signature : \_\_\_\_\_

Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

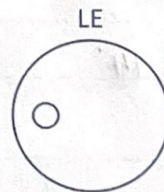
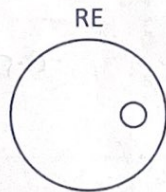
- |               |  |  |
|---------------|--|--|
| Lid           | (N) Swelling / Style / Chalazion / Entropion / Ectropion<br>Blepharitis / Meibominitis                                     | (N) Swelling / Style / Chalazion / Entropion / Ectropion<br>Blepharitis / Meibominitis                                     |
| Lacrimal :    | (N) Swelling / Patent / Partially Patent / Block<br>Punctual Stenosis  | (N) Swelling / Patent / Partially Patent / Block<br>Punctual Stenosis  |
| Conjunctiva : | Chemosis / Congestion / Pterygium / Pingecula  | Chemosis / Congestion / Pterygium / Pingecula  |
| Cornea :      | (N) Clear / Vasquin / Arcus Opacity / Adh Leucoma<br>Epi Defect / Ulcer / Keratitis / Spk                                  | (N) Clear / Vasquin / Arcus Opacity / Adh Leucoma<br>Epi Defect / Ulcer / Keratitis / Spk                                  |
| A/C :         | (N) Shallow / Deep / Hypopyon / Hypheama   | (N) Shallow / Deep / Hypopyon / Hypheama   |
| Pupil :       | (N) Non / Semi Full / Dilated / Synechia / Exfo<br>Pbi / Bi / Irregular / Synechia / Atrophy / Membrane                    | (N) Non / Semi Full / Dilated / Synechia / Exfo<br>Pbi / Bi / Irregular / Synechia / Atrophy / Membrane                    |
| Cataract :    | (N) Cortical / Post Polar / Post subcapsular<br>Nuclear : Grey / Yellow / Brown / Black / Mature<br>Pseudophakia / Aphakia | (N) Cortical / Post Polar / Post subcapsular<br>Nuclear : Grey / Yellow / Brown / Black / Mature<br>Pseudophakia / Aphakia |
| Ant Vit :     | (N) Cells Tobacco Dustihing /  | (N) Cells Tobacco Dustihing /  |
| Glow :        | (N) Normal / White / Yellow /  | (N) Normal / White / Yellow /  |



**SPECIAL NOTE**

**FUNDS**

- |            | OD  | OS  |
|------------|---|---|
| Media      | Clear / VH / Vitritis / Asteroid / Synchronis   | Clear / VH / Vitritis / Asteroid / Synchronis   |
| Disc       | (N) Wnl / Pallor / Edema / Cupping _____ / NVD  | (N) Wnl / Pallor / Edema / Cupping _____ / NVD  |
| B/V        | (N) NAD / BRVO / BRAO / CRVO / CRAG<br>(N) Hemi CRVO / CSCR / ERM / CME / CSME  | (N) NAD / BRVO / BRAO / CRVO / CRAG<br>(N) Hemi CRVO / CSCR / ERM / CME / CSME  |
| Macula :   | FR N / DULL / CSCR / ERM / CME / CSME<br>(N) MH / LMH / CNVM / DRUSEN / GA / HMD<br>HGE / ATROPHY / PIGMENT / IJT / ESUDATES                      | FR N / DULL / CSCR / ERM / CME / CSME<br>(N) MH / LMH / CNVM / DRUSEN / GA / HMD<br>HGE / ATROPHY / PIGMENT / IJT / ESUDATES                      |
| Cataract : | N / MYOPIA / TEES / PIGMENT / HGE / CWS /<br>(N) EXUDATES / HGE / -VH / SUBHYALOLD / TERA / RD /<br>CD / COLOBOMA / BUCKLE / LASER / CRYO / MARKS | N / MYOPIA / TEES / PIGMENT / HGE / CWS /<br>(N) EXUDATES / HGE / -VH / SUBHYALOLD / TERA / RD /<br>CD / COLOBOMA / BUCKLE / LASER / CRYO / MARKS |



REMARK / INVESTIGATION : \_\_\_\_\_

GONIO / OM

X

X

COLOR VISION

FIELD OF VISION

FFA / OCT

BSCAN / ASCAN

K READING K1 \_\_\_\_\_ @ \_\_\_\_\_

K1 \_\_\_\_\_ @ \_\_\_\_\_

K2 \_\_\_\_\_ @ \_\_\_\_\_

K2 \_\_\_\_\_ @ \_\_\_\_\_

IOL POWER \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_