CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	Sample No. :	SAMPLE-0107380
Patient ID :	CH-2024-0053927	Visit No. :	OPD/2024/02/0001398
Age/Sex :	24y/Female	Call. Date :	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	S. Coll. Date :	24-Feb-2024 14:30
Ward :	-	Report Date :	24-Feb-2024 14:52

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	119.4 mg/dl [NORMAL]	100 - 140

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	**Sample No. :**	SAMPLE-0107362
Patient ID :	CH-2024-0053927	**Visit No. :**	OPD/2024/02/0001398
Age/Sex :	24y/Female	**Call. Date :**	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	**S. Coll. Date :**	24-Feb-2024 10:13
Ward :	-	**Report Date :**	24-Feb-2024 14:37

HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	122 mg/dl	
Hb A 1c	5.9 %	
		> 8 : Action Suggested
		7-8 : Good Control
		< 7 : Goal
		6-7 : Near Normal Glycemia
		< 6 : Non-diabetic Level

Comments

Hb A1C also know asGlycosylated Haemoglobin is the most important test for the assessment of longterm Blood glucose control (also called glycemic control).
Hb A1C reflects mean glucose concentration over past 69-8 week and provides a much better indicationn of longterm glycemic contril than blood glucose determination.
This Reaction is irreversible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications), nephropathy(Kidney-complications) & neuropathy(never complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-02-2024	NISHA M RABARI	M	BODY PROFILE	UF-TOTAL ABDOMEN USG

USG OF THE ABDOMEN/ PELVIS WAS PERFORMED

The liver is normal in size and echotexture. No focal solid or cystic lesions are seen. The intra hepatic biliary radicles are normal. The portal vein and CBD are normal. The gall bladder is well distended with no calculi or polyp. The wall is not thickened.

The pancreas reveals a normal echopattern, with no focal calcification or a neoplasm. The spleen reveals a normal sonographic features.

Both kidneys are normal in size and echotexture. Evidence of good cortico medullary differentiation is noted. No evidence of any calculi or hydronephrosis.

No free fluid or lymphadenopathy is seen.
The urinary bladder is well distended with no calculi or polyps.
The uterus -gravid

OBSTETRICAL SONOGRAPHY report.

Cervix length	32	Mm		Int.Os	Closed	No .of foetus	one
Placenta Position	Anterior			Grade		1	
Location	Fundal		Previa	Not seen			
Amniotic fluid	Adequate						
Fetal Lie	UNSTABLE						
Presentation	Cephalic						

Parameter	Weeks	DAYS					
BPD	16	2					
HC	16	3					
AC	16	6					
FL	16	3					
MEAN GEST.AGE	16	4					
Edd by Gest.age	6-8-2024	+/- weeks	2	App.wt in gms	160	+/-	20%
Cardiac pulsations	Normal	138	BPM	Fetal movements	Normal		

COMMENTS:
SINGLE VIABLE FOETUS WITH EVIDENCE OF NO OBVIOUS FETAL ABNORMALITY SEEN.

Adv 18-20 weeks anomaly scan

Dr K.C.THAKKAR declare that while conducting ultrasonograph/image scanning on Ms. NISHABEN M RABARI I have neither detected nor disclosed sex of her fetus to anybody in any manner.
*All growth parameters has statistical variation.All abnormalities can not be detected.

Thanks for reference
DR.KIRTI C THAKKAR
M.B.B.S,D.M.R.D

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

Date : Place : CHANGA
Reg. No. : G-9612 / 1609
Name & Signature of the Person conducting Ultrasonography / Image Scanning / Directors or Genetic Clinic / Ultrasound Clinic Imaging Centre

Date : Place : CHANGA
CHARUSAT HOSPITAL
Name, Signature and Registrations Number with Seal of the Gynaecologist / Radiologist / Registered Medical Practitioner performing Diagnostic Procedures

FORM F

[See Proviso to Section 4(3), rule 9(4) and rule 10(1a)]
Form for Maintenance of Record in Case of
Prenatal Diagnostic Test / Procedure By Genetic Clinic/Ultrasound Clinic / Imaging Centre

Section A : To be filled on for all Diagnostic Procedures / Tests 5307

1) Name and complete address of Genetic Clinic / Ultrasound Clinic / Imaging Center :
CHARUSAT HEALTHCARE AND RESEARCH FOUNDATION - CHARUSAT CAMPUS, CHANGA. TA. PETLAD.

2) Registration No. (Under PC & PNDT Act) : GJ23/ANAND/PNDT/JOINTLY/127/2012

3) Patient's Name : [illegible] Age : [illegible] Years

4) Total No. of living children : — (a) No. of living sons (—) with age of each living son (in years and months) : 1) ___ 2) ___ 3) ___ 4) ___
(B) Total No. of living daughters (—) with age of each living daughter (in years and months) : 1) ___ 2) ___ 3) ___ 4) ___

5) Husband's / Wife's / Father's / Mother's Name : [illegible]

6) Full address of Patient with Contact No. of any : [illegible]
Ph. No. : [illegible]

7) (a) Referred by (Full name and address of Doctor(s) / Genetic Counselling Centre : [illegible]
(Referral slips to be preserved carefully with Form F) (b) Self-Referral by Gynacologist / Radiologist / Medical Practitioner Conducting the diagnosis procedures : ______ (Referral note with indications and case papers of the patient to be preserved with Form F) (Self-referral does mean a client coming to a clinic and requesting for the test or relative/s requesting for the test of a pregnant woman)

8) Last menstrual period or weeks of pregnancy 5/11/25 Weeks ______

Section B : To be filled in for Performing Non-invasive Diagnostic Procedure / Tests only

9) Name of the doctor performing the procedure/s : [illegible]

10) Indication/s for diagnosis procedure
(Specify with reference to the request made in the referral slip or in a self-referral note) (Ultrasonography Prenatal Diagnosis during Pregnancy should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy. (Put a "Tick" against the appropriate indication/s for ultrasound)
- (i) To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
- (ii) Estimation of gestational age (dating)
- (iii) Detection of number of fetuses and their chorionicity
- (iv) Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
- (v) Vaginal bleeding/leaking
- (vi) Follow-up of case of abortion.
- (vii) Assessment of cervical canal and diameter of internal os.
- (viii) Discrepancy between utrine size and period of amenorrhea.
- (ix) Any suspected adenexal or uterine pathology / abnormality
- (x) Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
- (xi) To evaluate fetal presentation and position.
- (xii) Assessment of liquor amnii.
- (xiii) Preterm labor / preterm premature rupture of membranes.
- (xiv) Evaluation of placental position, thickness, grading and abnormalities (placenta previa, retro placental hemorrhage, abnormal acherence etc.)
- (xv) Evaluation of umbilical cord-presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
- (xvi) Evaluation of previous Caesarean Section scars.
- (xvii) Evaluation of fetal growth parameters, fetal weight and fetal well being.
- (xviii) Colour flow mapping and duplex Doppler studies.
- (xix) Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
- (xx) Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, foetal blood sampling, foetal skin biopsy, amnio-infusion, placement of shunts etc.
- (xxi) Placement of shunts etc.
- (xxii) Observation of intra partum events.
- (xxiii) Medical / surgical conditions complicating pregnancy. Research / Scientific studies in recognized instructions.

11) Procedures carried out (Non-Invasive) Put a "Tick" on the appropriate procedure)
- (i) ULTRASOUND :
(Important Note : Ultrasound is not indicated / performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as duchenne muscular dystrophy, Hemophilia A & B etc)
- (ii) Any other (specify)

12) Date on which declaration of Pregnant woman/person was obtained : [illegible]

13) Date on which procedures carried out : [illegible]

14) Result of the non-invasive procedure carried out : (Report in brief on the test including ultrasound carried out) ______

15) The result of pre-natal diagnostic procedures was conveyed to [illegible] on [illegible]

16) Any indication for MTP as per the abnormality detected in the diagnostic procedures / tests ______

DR. KIRTI THAKKAR
M.B.B.S.
Reg. No. : G-9612 / 1609

Date : [illegible] Place : CHANGA

Name & Signature of the Person conducting Ultrasonography / Image Scanning / Directors or Genetic Clinic / Ultrasound Clinic Imaging Centre

Section C : To be filled in for Performing Non-invasive Procedure / Tests only

17) Name of the doctor/s performing the procedure/s :

18) History of genetic / medical disease in the family (Specify) :
Basis of Diagnosis ("Tick" on appropriate basis of diagnosis) :
(a) Clinical (b) Biochemical (c) Cytogenetic (d) other
(e.g. Radiological, Ultra sonograhy etc. specify)

19) Indication/s for the diagnosis procedure ("Tick" on appropriate indication/s) :
(A) Previous child / children with :
(i) Chromosomal disorders (ii) Metabolic disorders
(iii) Congenital anomalies (iv) Mental retardation
(v) Haemoglobinopathy (vi) Sex linked disorders
(vii) Single gene disorders (viii) Any other (specify)
(B) Advanced maternal age (35 years)
(C) Mother / Father / Sibline has genetic disease (specify)
(D) Other (specify)

20) Date on which consent of pregnant woman / person was obtained in form g prescriben in PC & PNDT Act. 1994 :

21) Invasive procedure carried out ("Tick" on appropriate indication/s)
(i) Amniocentasis (ii) Chorionic (iii) Fetal biopsy
(iv) Corocentesis (v) Any other (specify)

22) Any complication/s of invasive procedure (Specify) : ______

23) Additional tests recommended (Please Mention if applicable) :
(i) Chromosomal studies (ii) Biochemical Studies
(iii) Molecular studies (iv) preimplantation gender diagnosis
(v) Any other (Specify)

24) Result of the Procedures / Tests carried out (report in brief of the invasive tests / procedures carried out ______

25) Date on which procedures carried out ______

26) The result of per-natal diagnostic procedures was conveyed to on

27) Any indication for MTP as per the abnormality detected in the diagnostic procedures / tests.

Date : [illegible] Place : CHANGA

SECTION D : Declaration

DECLARATION OF THE PERSON UNDERTAKING PRENATAL DIAGNOSTIC TEST / PROCEDURE

I Mrs./Ms. [illegible]
(Name of Pregnant Woman) declare that by undergoing ULTRASONOGRAPHY Prenatal Diagnostic Test / Procedure. I do not want to know the sex of my foetus.
[illegible]
[illegible]

Date : [illegible]

[illegible]
Signature / Thumb Impression of the person undergoing the Prenatal Diagnostic Test / Procedure

In case of Thumb Impression :
Identified by (Name) ______ Age : ______
Sex ____ Relation (if any) ______ Address & Contact No. ______
______ Signature of person attesting thumb impression : ______ Date : ______

DECLARATION OF THE DOCTOR / PERSON CONDUCTING PRENATAL DIAGNOSTIC PROCEDURE/TEST

I, [illegible]
declare that while conducting ultrasonography of Mrs. / Ms. [illegible] I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Reg. No. : G-9612 / 1609
CHARUSAT HOSPITAL

Date : Place : CHANGA

Name, Signature and Registrations Number with Seal of the Gynaecologist / Radioligist / Registered Medical Practitioner performing Diagnostic Procedures

CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	**Sample No. :**	SAMPLE-0107362
Patient ID :	CH-2024-0053927	**Visit No. :**	OPD/2024/02/0001398
Age/Sex :	24y/Female	**Call. Date :**	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	**S. Coll. Date :**	24-Feb-2024 10:13
Ward :	-	**Report Date :**	24-Feb-2024 12:11

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	10.4 gm/dl [LOW]	[M : 14-18, F : 12-16]

WBC

Investigation	Result	Normal Value
R.B.C Count :	3.46 mill./c.mm [LOW]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	8310 /c.mm [NORMAL]	4000 - 10000

Platelet count

Investigation	Result	Normal Value
Platelets	2.87 Lakh/cmm [NORMAL]	1.5 - 4.5

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	72 % [HIGH]	40 - 70
Lymphocytes	22 % [NORMAL]	20 - 40
Eosinophils	01 % [NORMAL]	1 - 6
Monocytes	05 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

BLOOD UREA

Investigation	Result	Normal Value
Blood Urea	13.5 mg/dl [LOW]	15 - 40

S.Creatinine

CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	**Sample No. :**	SAMPLE-0107362
Patient ID :	CH-2024-0053927	**Visit No. :**	OPD/2024/02/0001398
Age/Sex :	24y/Female	**Call. Date :**	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	**S. Coll. Date :**	24-Feb-2024 10:13
Ward :	-	**Report Date :**	24-Feb-2024 12:11

Investigation	Result	Normal Value
Serum Creatinine	0.40 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

BUN

Investigation	Result	Normal Value
BUN :	06 [LOW]	8.0 to 23.0 (mg/dl)

URIC ACID

Investigation	Result	Normal Value
Serum Uric Acid	2.30 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

ESR

Investigation	Result	Normal Value
ESR - After One Hour	18 mm [HIGH]	[M : 3 - 5, F : 4 - 7]

Blood Group

Investigation	Result	Normal Value
ABO :	B	
Rh :	Positive	

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar :	83.7 mg/dl [NORMAL]	70 - 110
Fasting Urine Sugar :	Absent	

TSH

Investigation	Result	Normal Value
TSH :	1.01 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value

CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	**Sample No. :**	SAMPLE-0107362
Patient ID :	CH-2024-0053927	**Visit No. :**	OPD/2024/02/0001398
Age/Sex :	24y/Female	**Call. Date :**	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	**S. Coll. Date :**	24-Feb-2024 10:13
Ward :	-	**Report Date :**	24-Feb-2024 12:11

T3-Triodothyronine :	2.02 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	87.9 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE

Investigation	Result	Normal Value
Serum Cholesterol (Chol) :	172.5 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Triglyceride :	112.5 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	53.8 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
LDLC :	84.2 mg/dl	
VLDL :	34.5 mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	1.57 - [NORMAL]	< 3.5
TC / HDL Ratio :	3.21 - [LOW]	4.0 to 6.0
LDL (DIRECT) :	93.5 mg/dl [Optimal]	< 100.0 (Optimal), 100.0 to 120.0 (Near Optimal), 130.0 to 159.0 (Border line high), 160.0 to 189.0 (High), > 190.0 (Very high)

LIVER FUNCTION TEST

Investigation	Result	Normal Value

CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	**Sample No. :**	SAMPLE-0107362
Patient ID :	CH-2024-0053927	**Visit No. :**	OPD/2024/02/0001398
Age/Sex :	24y/Female	**Call. Date :**	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	**S. Coll. Date :**	24-Feb-2024 10:13
Ward :	-	**Report Date :**	24-Feb-2024 12:11

Total Bilirubin :	0.40	mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.13	mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	11.8	IU/L [NORMAL]	[0.0 - 40]
AST (SGOT) :	15.3	IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	73.0	IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0
Total Protein (TP) :	7.01	gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.13	gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.27	[NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	2.88	gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.4		

URINE R & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	15 ml	
Colour :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.025 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	

CHARUSAT HOSPITAL

Patient Name :	NISHA MITESHKUMAR RABARI	**Sample No. :**	SAMPLE-0107362
Patient ID :	CH-2024-0053927	**Visit No. :**	OPD/2024/02/0001398
Age/Sex :	24y/Female	**Call. Date :**	24-Feb-2024 09:36
Referred By :	KRUNAL VYAS	**S. Coll. Date :**	24-Feb-2024 10:13
Ward :	-	**Report Date :**	24-Feb-2024 12:11

Acetone :	Absent	-
Urobilinogen :	Absent	-
Microscopie Examination :		
Pus Cells :	5-7	-
RBCs :	Absent	-
Epithelial cells :	6-8	-
Casts :	Absent	-
Crystals :	Absent	-

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

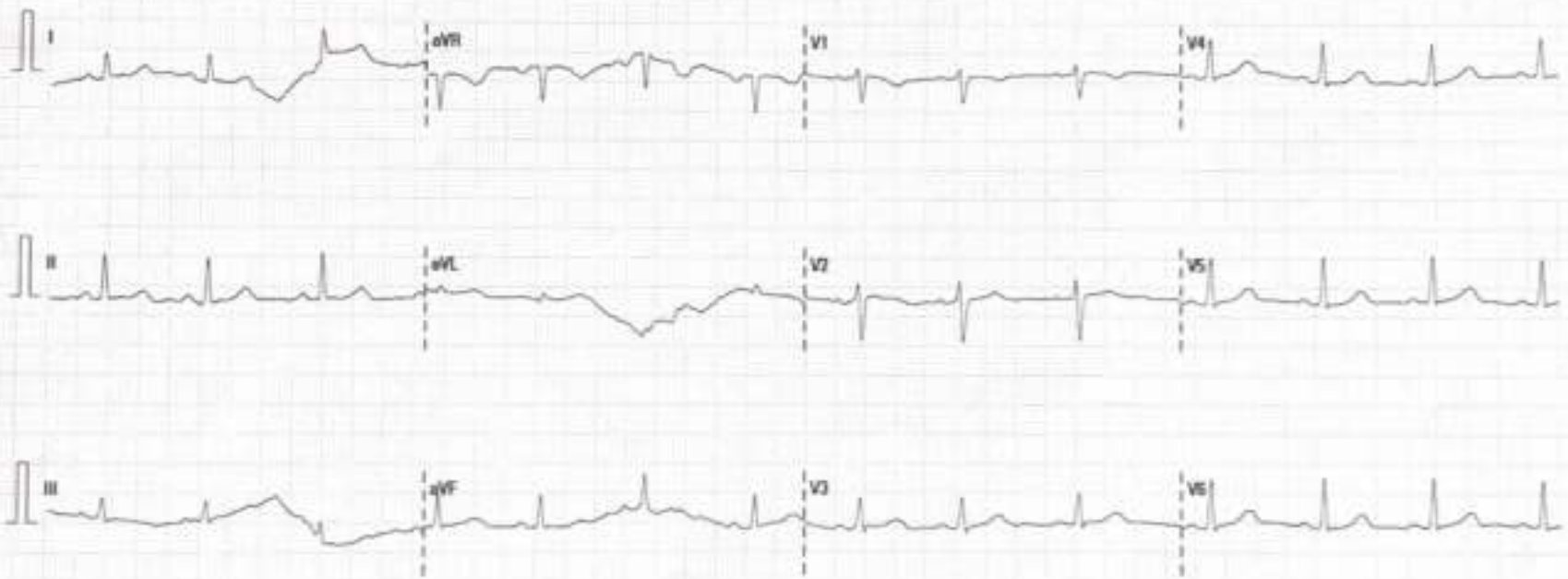
ID: 0053927
Name: Rabari, Nisha.M
Age: 24 Years
Gender: Female

24-02-2024 10:04:31 AM

Vent. Rate	82 bpm
PR Interval	138 ms
QRS Duration	74 ms
QT/QTc Interval	370/409 ms
P/QRS/T Axes	56/62/39 deg
QTcHodges	

Sinus arrhythmia

Unconfirmed Diagnosis



25 mm/s 10 mm/mV 50 Hz 60R 20 Hz CHARUSAT HOSPITAL 02.03.06/V28.4.1 SN FN-52001657

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

CHARUSAT HOSPITAL

M.O.
Dr. Ruvun sir

Date & Time : 24-02-2024
Registration No. : CH-2024-0053427

Name : Nisha M. Rukazi Contact No. : (M) _____
Age : 24 Sex : F (O) _____
Address : _____
B.P. : 130/80 mm Hg Pulse : 96 SpO_2 : 100 on RA
BMI : _____ Height : _____ Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Came for Health check up
LMP :- 3/11/23
EDD :- 10/8/24.

CASE ANALYSIS

PRIMI

Past History : _____

Present History : _____

G/E Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- ☐ Diabetes
- ☐ IHD
- ☐ Hypertension
- ☐ Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

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

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) : _____

CHM/OP/01/R3

Investigation/s Advised : _____

_____

Provisional Diagnosis : _____

Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
	→ All Reports (N) → Ob-cogn. o/p	

Signature with Stamp

CHARUSAT HOSPITAL

DENTAL REGISTRATION FORM

Date & Time : 24-02-2024

Registration No. : CH-2024-0053927

Name : Nisha M. Rabari

Age : 24

Sex : F

Contact No. :

Emergency Contact No. :

Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup.

Family History :

☐ Diabetes ☐ Hypertension

☐ Hypertension ☐ Diabetes

☐ IHD ☐ Epilepsy

☐ Others (Specify) : ☐ Bleeding Disorder

Medical/Other History :

☐ IHD ☐ T.B. ☐ Jaundice

☐ Asthma ☐ Hepatitis B ☐ Hepatitis C

☐ AIDS/HIV ☐ Food Allergy ☐ Drug Allergy

☐ Pregnancy ☐ Others (Specify) :

Habits : ☐ Tobacco ☐ Smoking ☐ Other (Specify) :

સંમતિ પત્રક

હું .... ડોક્ટરને મારી સારવાર કરવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈંજેકશનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડોક્ટરને 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 ડોક્ટર કે ચારૂસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકદાર 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 :

Final Diagnosis :

Treatment Plan : No treatment needed.

Date : 24/2/24

Time :

Name of Doctor : Dr. Meelwali

Signature : ✓

CHR/DENTAL/1016

DENTAL DEPARTMENT

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	AMOUNT DUE
24/4/24	C/O/I Dr Injury			
	No Ortho Complaints			
	Dy			
	- Regular exercise			
	- Continue with diet			
	Dy			

CHARUSAT HOSPITAL

OPHTHALMIC REGISTRATION FORM

Reg. No. : CH-2024-0053427

Date : 24-02-2024

Patient's Name : Nisha M. Rabari Age : 24/F

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 / Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia / Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

routine eye check up

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 :

	RE	LE
V/A with PH	6/6	6/6
IOP	16 mmHg	12 mmHg
OWN GLASS :	-	-
AR :	-0.75 Dsph	-0.50 Dsph

GLASS PRESCRIPTION

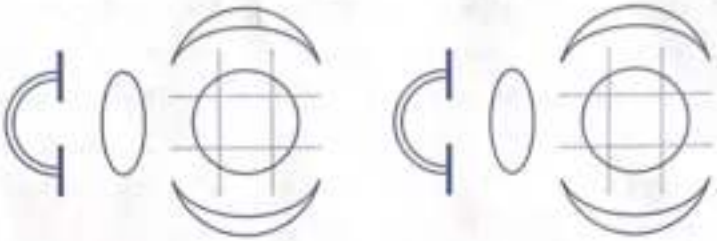
	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	Plano	—	6/6	Plano	—	6/6
Nr.						
Comp						

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

Remark :

Signature : _____

	OD	OS
Lid	(N) Swelling / Style / Chalazion / Entropion / Ectropion Blepharitis / Meibominitis	(N) Swelling / Style / Chalazion / Entropion / Ectropion Blepharitis / Meibominitis
Lacrimal :	(N) Swelling / Patent / Partially Patent / Block Punctual Stenosis	(N) Swelling / Patent / Partially Patent / Block Punctual Stenosis
Conjunctiva :	Chemosis / Congestion / Pterygium / Pingecula	Chemosis / Congestion / Pterygium / Pingecula
Cornea :	(N) Clear / Vascuin / Arcus Opacity / Adh Leucoma Epi Defect / Ulcer / Keratitis / Spk	(N) Clear / Vascuin / Arcus Opacity / Adh Leucoma 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 Pbi / Bi / Irregular / Synechia / Atrophy / Membrane	(N) Non / Semi Full / Dilated / Synechia / Exfo Pbi / Bi / Irregular / Synechia / Atrophy / Membrane
Cataract :	(N) Cortical / Post Polar / Post subcapsular Nuclear : Grey / Yellow / Brown / Black / Mature Pseudophakia / Aphakia	(N) Cortical / Post Polar / Post subcapsular Nuclear : Grey / Yellow / Brown / Black / Mature 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 / Synchisis	Clear / VH / Vitritis / Asteroid / Synchisis
Disc	(N) Wnl / Pallor / Edema / Cupping _____ / NVD	(N) Wnl / Pallor / Edema / Cupping _____ / NVD
B/V	(N) NAD / BRVO / BRAO / CRVO / CRAG	(N) NAD / BRVO / BRAO / CRVO / CRAG
	(N) Hemi CRVO / CSCR / ERM / CME / CSME	(N) Hemi CRVO / CSCR / ERM / CME / CSME
Macula :	FR N / DULL / CSCR / ERM / CME / CSME	FR N / DULL / CSCR / ERM / CME / CSME
	(N) MH / LMH / CNVM / DRUSEN / GA / HMD HGE / ATROPHY / PIGMENT / I J T / ESUDATES	(N) MH / LMH / CNVM / DRUSEN / GA / HMD HGE / ATROPHY / PIGMENT / I J T / ESUDATES
Cataract :	N / MYOPIA / TEES / PIGMENT / HGE / CWS /	N / MYOPIA / TEES / PIGMENT / HGE / CWS /
	(N) EXUDATES / HGE / -VH / SUBHYALOLD / TERA / RD / CD / COLOBOMA / BUCKLE / LASER / CRYO / MARKS	(N) EXUDATES / HGE / -VH / SUBHYALOLD / TERA / RD / CD / COLOBOMA / BUCKLE / LASER / CRYO / MARKS

RE LE

REMARK / INVESTIGATION : _____

GONIO / OM

X X

COLOR VISION

FIELD OF VISION

FFA / OCT

BSCAN / ASCAN

	OD	OS
K READING	K1 _____ @ _____	K1 _____ @ _____
	K2 _____ @ _____	K2 _____ @ _____
IOL POWER	_____	_____
	_____	_____

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-02-2024	MITESHBHAI G RABARI	M	BODY PROFILE	UM-TOTAL ABDOMEN USG

USG ABDOMEN report.

Liver:show evidence of normal size,parenchymel echotexture & no evidence of focal solid or cystic mass lesion seen.Normal hepatic vasculature seen with no evidence of intrahepatic biliary dilatation seen.

Gall bladder is physiologically distended with no evidence of calculus or sludge.Thickness of gall bladder wall is normal with no evidence of pericholecystic fluid collection.
CBD,portal vein & spleenic vein size are normal.

Spleen size & parenchymel echotexture is normal with no focal mass lesion seen.
Pancreas show evidence of normal size & parenchymel echotexture with no evidence of focal mass lesion.

Aorta show normal caliber & no evidence of paraaortic mass lesion seen.

Right kidney show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Left kidney show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Bladder walls are normal & no evidence of stone or mass seen.
Prostate show evideance of normal size & parenchymel echotexture.
No evidence of ascitis or abnormal bowel loops seen.

Size cm app

Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms
9.5x4.1	10.5x4.5	10.2

COMMENTS:

No abnormality detected.

Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-02-2024	MITESHBHAI G RABARI	M	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of consolidation or infilteration seen involving both lungs.

Costophrenic sinuses are clear.

Vascular shadows are normal on both sides.

Hilar shadows show evidence of normal size,position & opacity.

Heart & aortic shadows show evidence of normal position & size.

Position of domes of diaphragm is normal.Bony cage show no abnormality.

COMMENTS:

NO EVIDENCE OF ABNORMALITY DETECTED.

Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

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 14:52

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	95.1 mg/dl [LOW]	100 - 140

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

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 14:37

HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	114.0 mg/dl	
Hb A 1c	5.6 %	> 8 : Action Suggested 7-8 : Good Control < 7 : Goal 6-7 : Near Normal Glycemia < 6 : Non-diabetic Level

Comments

Hb A1C also know asGlycosylated Haemoglobin is the most important test for the assessment of longterm Blood glucose control (also called glycemic control).
Hb A1C reflects mean glucose concentration over past 69-8 week and provides a much better indicationn of longterm glycemic contrll than blood glucose determination.
This Reaction is irreversible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications). nephropathy(Kidney-complications) & neuropathy(never complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

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

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	14.1 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

WBC

Investigation	Result	Normal Value
R.B.C Count :	4.52 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	8040 /c.mm [NORMAL]	4000 - 10000

Platelet count

Investigation	Result	Normal Value
Platelets	2.59 Lakh/cmm [NORMAL]	1.5 - 4.5

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	56 % [NORMAL]	40 - 70
Lymphocytes	30 % [NORMAL]	20 - 40
Eosinophils	06 % [NORMAL]	1 - 6
Monocytes	08 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

BLOOD UREA

Investigation	Result	Normal Value
Blood Urea	15.13 mg/dl [NORMAL]	15 - 40

S.Creatinine

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	Coll. 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

Investigation	Result	Normal Value
Serum Creatinine	0.70 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

BUN

Investigation	Result	Normal Value
BUN :	07 [LOW]	8.0 to 23.0 (mg/dl)

URIC ACID

Investigation	Result	Normal Value
Serum Uric Acid	7.00 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

ESR

Investigation	Result	Normal Value
ESR - After One Hour	02 mm [LOW]	[M : 3 - 5, F : 4 - 7]

Blood Group

Investigation	Result	Normal Value
ABO :	O	
Rh :	Positive	

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar :	94.9 mg/dl [NORMAL]	70 - 110
Fasting Urine Sugar :	Absent	

TSH

Investigation	Result	Normal Value
TSH :	0.601 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value

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	Coll. 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

T3-Triiodothyronine :	1.59 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	109 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE

Investigation	Result	Normal Value
Serum Cholesterol (Chol) :	125.5 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Triglyceride :	120.0 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	38.7 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
LDLC :	61.7 mg/dl	
VLDL :	25.1 mg/dl [NORMAL]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	1.59 - [NORMAL]	< 3.5
TC / HDL Ratio :	3.24 - [LOW]	4.0 to 6.0
LDL (DIRECT) :	64.7 mg/dl [Optimal]	< 100.0 (Optimal), 100.0 to 120.0 (Near Optimal), 130.0 to 159.0 (Border line high), 160.0 to 189.0 (High), > 190.0 (Very high)

LIVER FUNCTION TEST

Investigation	Result	Normal Value

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	Coll. 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

Total Bilirubin :	0.83	mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.25	mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	47.8	IU/L [HIGH]	[0.0 - 40]
AST (SGOT) :	27.8	IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	88.6	IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0
Total Protein (TP) :	7.50	gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.32	gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.58	[NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	3.18	gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.4		

URINE R & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	15 ml	
Colour :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.025 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	