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अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit II

विभाग/Dept. Ortho.

बा०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 106863967

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address
Abhiraj Kumar.	Rakesh Kumar.	M	27.	

निदान/Diagnosis O/C/O (R) short femur syndrome c acetabular dysplasia

दिनांक/Date	उपचार/Treatment
	(R) iliac osteotomy + Ant column reconstruction + k-wire 8/4/2025
	open dressing and shift
	- Prophylactic antibiotics
	- Alternate stitch removal
	- ~~TSD~~
	- Padding at (R) knee
	Adv syp Ibuprofen plus x 1 x SOS
	- CST
	+
	RIA 3 units

वरिष्ठ रेजीडेन्ट
Senior Resident
अस्थिरोग विभाग / Deptt. of Ortho.
ए.आई.आई.एम.एस., नई दिल्ली / A.I.I.M.S., New Delhi

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अस्थिरोग विभाग
UHID: 106863967
Dept No: 20230080026743

कमरा / Room C-106
Queue / सख्या F108
Unit-II, Orthopedics

OPR-6

अ०भा०आ०सं० पंजीकृत सं०/O.P.D. Regn. No. _____

अभिराज कुमार / ABHIRAJ KUMAR
S/O RUPESH KUMAR
2Y 11M 17D / M(पुरुष)
SIWAN, BIHAR, INDIA
Ph:
General Rs. 0
Follow Up Patient

सेम शुल्क
Reporting: 10:46:56
03/03/2025

लिंग Sex	आयु Age	पता/Address

निदान/Diagnosis: (R) Short Femur Syndrome c Acetabular Dysplasia

दिनांक/Date	उपचार/Treatment
	Adv:
	- C106 Dr. Dilip Please help for Earliest possible admission
	Manager Rajganj kindly coordinate for attended
27/3/25	
R/W 17/3/2025	
	MSSD kindly consider for is Vishram sadan
T-m on 11/4/25	

Medical Social Worker
Orthopedics Deptt.
AIIMS, New Delhi

Senior Resident
Deptt. of Orthopaedics
AIIMS, New Delhi

विश्राम सदन, अंसारी नगर, नई दिल्ली-110029
VISHRAM SADAN, Ansari Nagar, New Delhi-110029

रसीद/RECEIPT

7894

क. सं./Sr. No. _____ पंजी. संख्या/Registration No.: 268

श्री/श्रीमती/कुमारी Hew Adel. दिनांक/Date: 25/4/25

से _____

Received with thanks from Shri / Smt. / Kumari Rajesh Kr

डोरमेटरी/सेमीडोरमेटरी/कमरा सं. D 24 (2Bed+1) में दिनांक _____ से _____ तक

RVS SVS SSVS

Dormitory /Semi Dormitory/ Room No. _____ dated from 25/4/25 to 1/5/25.

दिनों के लिए _____ व्यक्तियों के रहने हेतु किराए के रूप में रू. _____

days(s) for 7days (3N) on account of rent for person(s) in Rs. 1190/-

रूपये _____ सधन्यवाद प्राप्त किए।

(Rupees One Thousand One Hundred Ninety

हस्ताक्षर/Signature _____

(प्रबंधक)/(Manager)

मोहर/Stamp

रू. _____ (रूपये _____

Refunded Rs. _____ (Rupees _____

_____) दिनांक _____ के वापसी वाउचर सं. _____

_____) Dated _____ vide Refund Voucher No. _____

द्वारा वापस किए गए।

दिनांक _____ को _____ बजे कमरा खाली किया गया।

1. Vacated on _____ at _____
किसी भी पक्ष की तरफ कोई बकाया नहीं है और कमरा/सेमीडोरमेटरी/डोरमेटरी दिनांक को बजे खाली किया गया/की गई।

2. No dues from either side & Vacated Room/Semi Dormitory/Dormitory on _____ at _____

3. ठहरने की अवधि बढ़ाई गई (पिछली रसीद सं(_____ दिनांक _____
Stay extended (Previous Receipt No. _____ Dated _____)

2 चाय
2 बिस्कुट + 2 कॉफी
25.4.25

हस्ताक्षर/Signature _____

(प्रबंधक)/(Manager)

मोहर/Stamp

कृपया पृष्ठ के पिछली तरफ छपे निर्देशों को ध्यानपूर्वक पढ़ें।

PLEASE READ INSTRUCTIONS CAREFULLY PRINTED OVERLEAF

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Abhiraj kumar

Age/Sex : 24/M

Ref. Deptt./Unit : ortho II

Date : 30/4/2025

Indoor (Bed No.) / Outdoor / Casualty

UHID No. : 10G863967

LMP :

Examination Required :

Clinical History and Examination :

Xray pelvis & Bilhip AP

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only)

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : 9/5/2025

Bm-04 New RAK OPD Basement 2

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. :

Size / No. of Films

Date :

Kvp/mAS:

Sign. of Radiographer :

P.T.O.

Room No 27
CRC, PT/INR, LFT, KFT,
S.Cr CRP, HbA, Anemia

Gre Iml Lorgli

16/4/2025 open dress [illegible] — wound dry and healthy
↓
- NAD
16/4/25
- cut hip spica at marked site

Ado
- CST
- Hip spica precaution explained
- R/A 3 weeks

MSSO kindly help for admission under stay

30/4/2025 Open daily and show

[signature]

- Remove complete stitches
- well padding at (R) knee
-

Xray pelvis c̄ B/L hip AP/V

Adv

- Syp cefil 100mg 125mg/5ml x 2TSF x BD x 3days
- Syp Gemical B x 1TSF x BD
- Syp Iheyan plus x 2TSF x SOS
- R/A gowns

[signature]

RATIVE PROCEDURE :- RT ILIAC OSTEOTOMY + ACETABULAR (ANTERIOR
UMN) RECONSTRUCTION + HIP SPICA APPLICATION DONE UNDER GA DONE B
SHAH ALAM SIR , DR RAJ , DR SOYAM AND DR SHAHIN

ANT : 2 K WIRES (IN SUPPLY)

RATIVE COURSE: WOUND INSPECTION ON POD2: CLEAN, NO ACTIVE
RGE, DRAIN INSITU

ITION ON DISCHARGE: IMPROVED

CE ON DISCHARGE:
A CARE EXPLAINED TO PARENTS
OTHERAPY AS ADVICED
TIL 250 MG X BD X TILL SUTURES ARE OUT
PARACETAMOL 300 MG X PO X TDS X 5 DAYS F/B SOS
N 20 MG X PO X OD X 5 DAYS
ANGESIC 5 ML BD PO X 5 DAYS F/B SOS
SET 2 MG PO X 5 DAYS F/B SOS
ULTIVITAMIN 5ML OD FOR 2 WEEKS
MCAL 5ML OD FOR 1 MONTH
VITAMIN D 30K IU ONCE WEEKLY ONCE WEEKLY FOR 6 WEEKS
E TOE MOVEMENT
NTIVE SPIROMETRY, STEAM INHALATION
PROTEIN DIET
VIEW SOS IN CASE OF EMERGENCY

PRIOR APPOINTMENT AND FOLLOW UP IN ORTHO II UNDER PROF SA KHAN
2025 , PLEASE BRING ALL REPORTS AND DISCHARGE SUMMARY.
DR KRISHNA, DR HARSH JAIN AND DR IMRAN

16/04

Dr Krishna Kumar Prasad
Junior Resident
Department of Orthopaedics
AIIMS New Delhi

12/04/25


3860051
Pelvis
DOC^DOC^DOC
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ABHIRAJ KUMAR
106863967
09-04-2025
DOB : 17-03-2022
Acq Tm: 09:57 AM
L
VSI
www.savechildrenfoundation.org
Donate UPI Only this Org No. 9873404104
1752 X 2374
W: 4122 L: 2280
ABHIRAJ KUMAR 106863967 003Y Pelvis 09-04-2025
84, Old RAK, Dept. of Radiodiagnosis & IR, AIIMS, New Delhi