





बिहार-विमर
श्री गंगा में
किसी भी कि या

DR. NAYYAR'S HOSPITAL

PLOT NO. 2A, FRUIT GARDEN, NH-5, N.I.T.
RAILWAY ROAD, FARIDABAD - 121 001
(C) : 2427109, MOBILE : 98101-76399

CONTINUATION SHEET / PROGRESS CHART

Patient Name Mst. Gopri I.P.D. No. 5581 Page No. _____

Date and Time of every visit/consultation	Progress and clinical notes with sign of doctor / consultant every time of visit	Treatment advised
1/7/12	<p>Pr. 3 on old Cant electrical Burns Kard primarily which presented in Scar with hand parietal region in adherent Scar on dura. in central portion Abnormal softening about injury, Anus mouth conjunctiva normal. How has to be determined</p>	<p>- 2 - Mill walls - by Smith's Yincu Star - 1st to be 5th that to of on call</p>
Dey Pub 9th		

DR. NAYYAR'S HOSPITAL

A SUPERSPECIALITY CENTRE

PLOT NO. 2A, FRUIT GARDEN, NH-5, RAILWAY ROAD, N.I.T., FARIDABAD

(C) : 2427109, Mobile : 98101-76399

DISCHARGE RECORD

Pt's Name	Mst. Gopal	A/S	g/h	IPD No.	5881	Regd. No.	2887
Date & time of Admission	4/8/2021 11:30 AM	Date & time of Discharge	9/8/21				
Hospital Stay (No. of days)							
Diagnosis							
Any Complications							
Hospital Treatment/operation or any surgical procedure							
RESULT Cured <input type="checkbox"/> Improved <input type="checkbox"/> Not improved <input type="checkbox"/>							
Discharge <input type="checkbox"/> LAMA <input type="checkbox"/> Died <input type="checkbox"/> Absconded <input type="checkbox"/>							
Further Treatment Advised							

RELEASE FROM RESPONSIBILITY FOR DISCHARGE

Iam leaving/taking away the pt. from DR. NAYYAR'S HOSPITAL against the advise of the attending, physician, I acknowledge that I have been informed of the risk involved & hereby release the attending Doctor, Physician and Hospital from all responsibility from any ill effects which may result from such discharge.

Munes Kaurati
Signature of Pt./Relative

Relation *Mst. Gopal*

Investigations Done :

Total Fees Received :

Balance :

DR. NAYYAR'S HOSPITAL

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ADMISSION RECORD

IPD No. 5581

Regd. No. 22187	Bed No.	Date & Time of Admission 4/8/1997 10:30 AM
Name Mst. Gopal		A/S gy/H
Marital Status	Religion.	
Occupation (of Guardian in case of minor)		
Full Address :	Vill. Sondh Anis Patti	
Phone No. :	Referred by :	
Provisional Diagnosis		

CONSENT FOR TREATMENT

1. Permission is hereby given for the Performance of diagnostic examination, biopsy, transfusion, operation & for the administration of any drug/ anaesthetic as may be deemed advisable in the course of this admission.
 2. The money / valuables brought in the hospital by me / my relatives will be kept at my / our _____ & it will not be the responsibility of the hospital.
- I/our Patient is being admitted in Delux / Private / Economy / I.C.C.U. / C.C.U. / Nursery at our request & I/We have also seen the schedule of all the types of charges of the hospital and agree to make Payments in advance and as & when required.
- If there is any allergy to any drug during treatment, The doctor / hospital will not be held responsible for this response of body to the drug.

Signature of Relative..... Muneshwari Relation Mother

Full Name Muneshwari

Signature of Patient Address Abia patty

4/18/24

Transcription Any other nearby
done & A.

Grant taken from 1st fly
Deep metabolism of debris done
Hemostasis relevant
Fly present on fly temporal vessel &
a head.

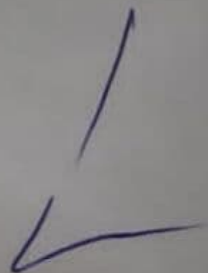
A
Mill valley to 3h
12h 1 unit
Mill valley

- Long Smithson you in
130.2
100ml M
8 - P.

- Long Smithson 1/2 h
8h
8 - 8
100ml M

Long Smithson 4mg 10 h
8 - 8

Long Smithson, no 1/2 h 300
8 - 8



NAYYAR'S HOSPITAL

NO. 2A, FRUIT GARDEN, 191.5, RAILWAY ROAD,
N.I.T., FARIDABAD
(C) 2427109, Mobile: 98701-74366

Patient Label

INFORMED CONSENT FORM FOR ANESTHESIA

एनेस्थीसिया के लिए पूर्व सूचित सहमति पत्र

Name: Mst Gopal

Age: 37 Yrs Male Female UNID No: 28187
 Interpreter Services: Yes No Consultant:

TO BE FILLED BY THE PATIENT OR THE DOCTOR TO DOCUMENT IN PATIENT'S OWN WORDS

I/my patient Mst Gopal have been scheduled for surgery/procedure under Dr _____

I understand that anesthesia service are needed so that my doctor can perform the operation or procedure.

I am aware that anesthesia will be provided to me by trained and skilled anesthesiologists, who will be monitoring my health throughout the surgery/procedure and whose goal will be to ensure a safe and comfortable surgery/procedure for me.

It has been explained to me, however, that all forms of anesthesia involve some risk, even at the hands of competent and experienced anesthesiologists.

रोगी द्वारा या रोगी के शब्दों में चिकित्सक द्वारा भरा जाएगा।

मैं Mst Gopal डॉ. _____ के तहत सर्जरी / प्रक्रिया _____ के लिए नियुक्त किया गया हूँ।

मैं एनेस्थीसिया सेवा की जरूरत से अवगत हूँ ताकि चिकित्सक ऑपरेशन / प्रक्रिया का निष्पादन कर सकें।

मैं इस बात से पूरी तरह अवगत हूँ कि मुझे एक प्रशिक्षित एवं कुशल एनेस्थीसियोलॉजिस्ट द्वारा एनेस्थीसिया दिया जाएगा। सर्जरी / प्रक्रिया में मेरा स्वास्थ्य उनकी निगरानी में रहेगा। इनका लक्ष्य मेरी सुरक्षित एवं आरामदेह सर्जरी / प्रक्रिया सुनिश्चित करना होगा।

मुझे यह जानकारी दी गई है कि एनेस्थीसिया के सभी प्रकारों में कुछ जोखिम हैं यहाँ तक कि एक योग्य एवं अनुभवी एनेस्थीसियोलॉजिस्ट द्वारा निष्पादित किए जाने पर भी जोखिम निहित है।

Common Risks	Uncommon Risks	Extremely Rare Risks
Bruising at the site of injection / drip	Infection	Drug allergies including severe life threatening reactions
	Bleeding	Blood clot or air lock in the leg/heart/lungs/cranium
Nausea & Vomiting	Temporary muscle pains	Heart attack
	Wheezing & difficulty in breathing	Burn following use of cautery / laser. Death

6/8/21 . Pt cautious, oriented
Vitals stable.
no complaints

ye dressing in situ
no leakage

- flap is healthy - Intact line intact
- graft take satisfactory

- adv
- dressing done
 - Rx as charted

Garrison

7/8/21 Pt unobscured, oriented
Vitals stable.
no fresh complaints

ye - dressing in situ
no leakage

- adv
- continue same treatment
 - Avoid any pressure
flap

Garrison

DR. NAVY

DR. NAYYAR'S HOSPITAL

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I.P.D. No. 5581

Page No. _____

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5/8/14
B.A.S.
Byelex

11
 Normal chest
 D.N. 1000 - 1000
 by further 1000 gm in 1000 ml
 P - 8
 by 1000 gm 1/2 in 1000 ml
 P - 8
 by 1000 gm 1/2 in 1000 ml
 P - 8
 by Mrs. Byelex

8
 ASB
 ✓

5/8/14
B.A.S.
Byelex

DR. NAYYAR'S HOSPITAL

BURNS & PLASTIC SURGERY CENTRE

Plot No. 2A, Fruit Garden, NH-5, Railway Road, N.I.T. Faridabad

Tel : 0129-2427109

Cell : 9810176399

Email : drakshatnayyar@gmail.com

Website : www.nayyarhospital.com

Dr. Akshat Nayyar

M.B.B.S., M.S. (Surgery)

M. Ch. (Plastic Surgery)

Facial Injuries

Hand Injuries

Burns

Post Burn Deformities

Surgery for White Spot (Vitiligo)

Scars

Liposuction

Nose Reshaping

Male Breast Surgeries

(Gynaecomastia)

Botox, Filler, Hair Transplant

Hair Regrowth

Face Tightening (Surgical & Non

Surgical)

Moles, Warts, Skin Tags, Keloid

Split Ear Lobule Repair

Only Laser & Cosmetic Surgery

Centre in Faridabd run by

Plastic Surgeon

Laser Hair Reduction

Skin Brightening Treatment

Double Chin Treatment

देवाने

धीमाग जी से निवेदन है कि
मेरा बच्चा जिसका नाम
गोपाल है जिस का घाट विद्या
के कलेज लगते अतः गायत्री
इस का इलाज गायत्री होपीटल
में क्यः है और डाक्टर ने
कहा है कि इसका ऑपरेशन कलेज
के लिए जिस में मैं असमर्थ हूँ
व्यथा करके लेते प्रपत्र करे

Forward to Children
Counsellor

Muneshwari

Dr. NAYYAR'S HOSPITAL
2-A, Fruit Garden, NH-5 NIT
Railway Road, Faridabad
Reg. No. G-18753
HN-2399

Visiting Plastic Surgeon : Fortis Escorts, QRG Hospital, Sarvodaya Hospital, Asian Hospital