

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,
New Delhi - 110025

CGHS EMPANELLED PANCHKARMA CENTER

☎ 8005633391

NC 01 / AAC 4,5, AAC 7B read with MOM 1A and MOM 4: HCO captures medical history and clinical examination data on OPD paper with a short prescription. Format for care plan and re assessment is not evidenced. Documented policies are there for Prescription of medicines however effective implementation is not seen with respect to prescription minimum requirements in the sampled MRD.

As advised by Assessor mam regarding patient undergo an established initial assessment ie screening for nutritional assessment and other preventive aspects like patient's complete details in terms of KYC and UHID No. Also mentioning properly, the use of medications

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor
Bharat Nagar, New Friends Colony,
New Delhi - 110025

Dr. Monika Singh
(BAMS) Ayurvedacharya

UHID No.: JS124

Age: 78y Sex: male

Date: 14/7/22

Time: 1:00pm

ORTHOCARE

- Joint Pain
- Cervical Pain
- Back Pain
- RA, OA
- Ankylosing Spondylitis

Name: Kunal Krishan Dharan

W/o, D/o, S/o: Late Shri M.R. Dharan

Chief Complaint

40 - B/L Knee Joint Pain

History

Menstrual History

N/A - Since 4-5 years

Diagnosis:

अष्टविध

परीक्षा

स्पर्श - ठंड

शब्द - स्पष्ट

Face (आकृति) - साफ

Eye (दृष्टि) - साफ

Jivha (जिह्वा) - निरुप

Urine (मूत्र) - निरुप

Stool (मल) - निरुप

Nadi (नाड़ी) - वात

P/H App - Normal
Bowel - Normal - Sometimes
Constipated
if there is some changes
in food.

Osteoarthritis

(Dash Vidha)

1. Prakruti - rohin

2. Vikruti - rohin

3. Sara - rohin

4. Samhana - rohin

5. Pramana - rohin

6. Satmya - rohin

7. Satva - rohin

8. Aahar Shakti - rohin

9. Vaya - rohin

10. Vyayam Shakti - rohin

Adh - Abhyangam & mahanurga oil

PRS

Janu Basti & Sandhana

GASTOCARE

- Acidity
- Constipation
- Liver Treatment
- Gastritis
- I.B.S, Ulcers

Drugs - Aspirin - 1BD
with lukewarm water

FACILITY

- In Patient Department (I.P.D)
- Day Care Facility
- Out Patient Department (O.P.D)

Vitals:

B.P.: 140/72 mm

Weight: 70 kg

Height: 161 cm

Drugs - Aspirin - 1BD
with Lukewarm water

NEXT CONSULTATION DATE: 20/07/22

Doctor Signature & Stamp



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of JeenaSikho Lifecare Pvt.Ltd)
M-118, 1st Floor, Shastri Nagar, Delhi – 110031

INITIAL ASSESSMENT FORM

DATE: 14/07/22

UHID: JS124

OPD: 118

PATIENTNAME: Kewant Krishan Chauran / Name: heta-shri M.R. dhan PHONENO: 9717306940

PATIENT HISTORY:

ADDRESS(Province-District):

PATIENT AGE:		F	M	Diagnosis: Osteo Arthritis.
1. Civil Status	Single	Married	Number of children: 2	
4. History of the trauma/illness	Date: No	Circumstances/Etiology:		
Associated diseases: No				
5. Medical History/Treatment	Hospital:	Care:		
Evolutions since the beginning	Improved	Worse	Remarks:	
Medication:			X-ray/Other ex: N/A	

VATA

PITTA

KAPHA

MENTAL PROFILE

Mental activity	<input checked="" type="checkbox"/>	Quick mind restless	<input type="checkbox"/>	Sharp intellect aggressive	<input type="checkbox"/>	Claim stead stable
Memory	<input checked="" type="checkbox"/>	Short-term best	<input type="checkbox"/>	Good general memory	<input checked="" type="checkbox"/>	Long-term best
Thoughts	<input checked="" type="checkbox"/>	Constantly changing	<input type="checkbox"/>	Fairly steady	<input type="checkbox"/>	Steady stable fixed
Concentration	<input type="checkbox"/>	Short-learn focus best	<input type="checkbox"/>	Better than average mental concentration	<input type="checkbox"/>	Good ability for long term focus
Ability to learn	<input checked="" type="checkbox"/>	Quick grasp of learning	<input type="checkbox"/>	Medium to moderate grasp	<input checked="" type="checkbox"/>	Slow to learn
Dreams	<input type="checkbox"/>	Fearful flying running jumping	<input checked="" type="checkbox"/>	Angry, fiery, violent adventurous	<input type="checkbox"/>	Includes water clouds relations, romance
Sleep	<input checked="" type="checkbox"/>	Interrupted light	<input type="checkbox"/>	Sound, medium	<input type="checkbox"/>	Sound, heavy long
Speech	<input checked="" type="checkbox"/>	Fast sometimes missing words	<input type="checkbox"/>	Fast sharp clear cut	<input type="checkbox"/>	Sound, clear, sweet
Voice	<input checked="" type="checkbox"/>	High pitch	<input checked="" type="checkbox"/>	Medium pitch	<input type="checkbox"/>	Low pitch
Mental profile						
Eating speed	<input checked="" type="checkbox"/>	Quick	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Show
Hunger level	<input type="checkbox"/>	irregular	<input type="checkbox"/>	Sharp need food when hungry	<input type="checkbox"/>	Can easily miss meals
Food and drink	<input type="checkbox"/>	Prefers warm	<input type="checkbox"/>	Prefers cold	<input type="checkbox"/>	Prefers dry and warm
Achieving goal	<input type="checkbox"/>	Easily distracted	<input type="checkbox"/>	Focused of driven	<input type="checkbox"/>	Slow and steady
Giving/donation	<input type="checkbox"/>	Gives small amounts	<input type="checkbox"/>	Gives nothing or large amount infrequently	<input type="checkbox"/>	Gives regularly and generously
Relationships	<input type="checkbox"/>	Many casual	<input checked="" type="checkbox"/>	Intense	<input type="checkbox"/>	Long and deep
Sex drive	<input type="checkbox"/>	Variable or low	<input checked="" type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>	Strong
Works best	<input type="checkbox"/>	White supervised	<input type="checkbox"/>	Alone	<input type="checkbox"/>	In groups
Weather preference	<input type="checkbox"/>	Aversion to cold	<input checked="" type="checkbox"/>	Aversion to heat	<input type="checkbox"/>	Exposure to damp cool
Reaction to stress	<input type="checkbox"/>	Excites quickly	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Slow to get excited
Finances	<input checked="" type="checkbox"/>	Doesn't save spends quickly	<input type="checkbox"/>	(Save but big heat)	<input type="checkbox"/>	regularly accumulates wealth
Friendship	<input type="checkbox"/>	Tends towards short term friendship makes friends	<input type="checkbox"/>	Tends to be a loner, friends related to occupation	<input checked="" type="checkbox"/>	Tends to form long lasting

JeenaSikho Lifecare Pvt. Ltd.
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Remarks:

Date

Diet

Breakfast

Lunch

Dinner

Night

PANCHKARMA TREATMENT PLAN

POORVA KARMA

Days Medicine	Abhyanga Arthri Cap - 1BD. Abhyanga Aragya Vent - 1BD } x 1 month
Risk, Benefits	• May Cause Post-luxation. • pain Relief.
Next follow up advice	After 7 days.
Next follow up date	After 7 days.

PRADHA KARMA

Days Medicine	Abhyanga & Mahanaga oil PPS Jain Bristi & Sandhwaati oil } x 14 days.
Risk, Benefits	• May Cause burn due to heat oil • pain Relief.
Next follow up advice	After 7 days.
Next follow up date	After 7 days.

PASCHAT KARMA

Days Medicine	• Abhyanga Arthri Cap - 1BD. • Abhyanga Aragya Vent - 1BD } x 1 month
Risk, Benefits	• pain Relief • May Cause Post-luxation

Jeera Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
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New Delhi-110025

Nutritional Assessment Form

I. Identifying Information

Full Name: Keween Krishan dhanwan Date: 14/07/22
 UHID No: JS124 Age: 78 Sex: Male

Ethnicity: Hindu ☒ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Tribe ☐ Other: - ☐

Referring Clinician: _____

Reason(s) for visit: Consultation

II. Medical History (please give full details)

- Diabetes YES/NO ☒ HBA1c.....since.....Medication
- HTN YES/NO ☒ Last recorded valuesince.....medication
- CAD YES/NO ☒ STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO ☒ REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY N/A MENSTRUAL CYCLE.....MEDICATION

Are you allergic to any food or drink? Yes or No ☒

If yes, please specify: - _____

Do you get a rash or edema from your allergy? Yes or No

Do you take any vitamins, minerals and/or food supplements? Yes or No ☒

If yes, which ones _____

Have you had any major injuries, hospitalizations, or operations? Yes or No ☒

If yes, what _____

Do you have any chronic illnesses? Yes or No ☒

If yes, please explain _____

(Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No ☒

If yes, what medication and what dosage _____

Please explain about

- Appetite : - 0h
- Food habits : - 0h
- Daily working hours: 7-8 hours
- Exercise : 2 hours
- Job profile : sitting
- Height : 162 cm
- Weight : 70.1 kg

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain _____ no

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain _____ no

Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No

If yes, please explain _____ no

Jeena Sikko
Jeena Sikko Healthcare Ltd
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Doctor Signature
Manish

Patient Signature
[Signature]

Covid-19 Mandatory Self Declaration Form

Name : Kenul Krishan dhawan Date : 14/07/22

Address : 43, 2nd floor NRI Complex G.T.4

Age : 78 Contact Number : 977306940 Gender : M/F Male

OPD : 118 IPD : 731.24 UHID : 731.24

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Jeena Sikho Lifecare Ltd Clinic to fill-out the self-declaration form below.

Do you have any of the following flu-like symptoms?

Fever	Yes	No <input checked="" type="checkbox"/>
Dry Cough	Yes	No <input checked="" type="checkbox"/>
Sore Throat	Yes	No <input checked="" type="checkbox"/>
Diarrhea	Yes	No <input checked="" type="checkbox"/>
Breathlessness	Yes	No <input checked="" type="checkbox"/>
Asthma	Yes	No <input checked="" type="checkbox"/>
Other : Please specify	Yes	No <input checked="" type="checkbox"/>

- History of travel in the recent one month nationally and internationally?

No

- Any contact history with a person who had returned from foreign country? If yes, please specify.

No

- Purpose of your visit: For consultation, Patient attendant/other reason?

No

- Have you come in contact with the covid-19 positive patient in last one month?

No

- Have you attend any gathering or visited any crowded market place in the last 14 days? If you, please specify.

No

- Are you taking any precautionary measures for boosting your immunity prior to coming? If you, please specify.

No

- Kindly share your status of Arogya Setu app? Red/Orange/Green.

green

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and clinic staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.

I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent this from happening but I will not hold doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.



JEENA SIKHO LIFECARE PVT. LTD.

CHANDIGARH H/O : SCO-11, Kalgidhar Enclave, Shimla Highway,
Baltana, Zirakpur, 01762-531531, 70597-70597

Patient File No.

Doctor Name :

Branch : NHC Dabhi

DATE	B.P	SUGAR	WEIGHT	REMARKS
14/07/22	140/70 mmHg	110mg/dl	70-1 kg	first time visit

Name Kewant Krishan dhandu C/o / D/o / F/o heer Shri M. R. dhandu

Age 78 Weight 70-1 kg Height 162cm DOB 11/01/1944 Sex: M ☒ F ☐

Occupation partian Religion Hindu Blood Group _____ DOM _____

Address 43- 2nd floor NRI Complex Gk. 4

City Dabhi State Dabhi Pin Code 110019

Telephone 9717 30 6940 E-mail ID _____

CONFIDENTIAL INFORMATION

MARITAL STATUS ☒ Married ☐ Single ☐ Divorced ☐ Widow ☐ Others

DIET ☐ Veg ☐ Non-Veg ☒ Mixed

ADDICTION/HABIT ☒ Tea ☒ Coffee ☐ Smoking ☐ Alcohol ☐ Tobacco Other no

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जाचें करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर गहरा असर पड़ा हो?
- सबसे पहले किस बीमारी से शुरूआत हुई थी?

No H/o DM/HTN

Plm - App.

Bunny

Urine

Slump

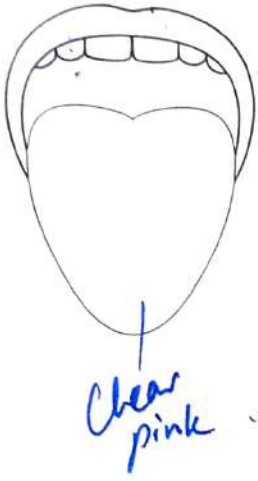
2

Date 14/07/22

Patient Signature

21/07/22

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date						
14/07/2022	pink.					
Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑↑					
Pitta	↑↑					
Kapha	OL					

धरण/कौड़ी: ☐ Yes ☒ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
40- B/L knee joint pain.	4-5 yr.				
knee joint stiffness					
PH - Bony					
Unne					
App					
Stump					

FAMILY HISTORY :
Complaints -

Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side माया मासी
no						

Surgery/Procedure History

no surgery

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलिएं चल रही है और कौन-कौन सी
NO past history	-	-	-

GYNAE HISTORY N/A

L.M.P _____ Days _____

FLOW ☐ Scanty ☐ Normal ☐ Excessive Other _____

Clots- _____ Pain - ☐ Nil ☐ Mild ☐ Moderate ☐ Severe

Odour - ☐ No smell ☐ Foul smell ☐ Fishy smell

Consistency - ☐ Curdy white ☐ Sticky ☐ Watery

WHITE DISCHARGE -

Colour - ☐ Yellow ☐ White ☐ Grey ☐ Green

Itching / Burning - ☐ Yes ☐ No

OBS HISTORY

	Age	Weight	Mode of delivery
Marriage Time			
Before Pregnancy			
After 1st Delivery			<input type="checkbox"/> Normal <input type="checkbox"/> C-Section <input type="checkbox"/> Complication
After 2nd Delivery			<input type="checkbox"/> Normal <input type="checkbox"/> C-Section <input type="checkbox"/> Complication

Other Detail : _____

Abortion History : _____

SYSTEMIC EXAMINATION

BOWELS

Frequency / Vega ☒ /Day ☐ Day gap

Consistency

- ☐ Hard
☒ Soft
☐ Loose
☐ Well Formed
☐ Mucus mix

Associated with

- ☐ Urgency
☐ Strain
☐ Pain
☐ Bleeding
☐ Burning Sensation

Evacuation

- ☒ Complete
☐ Incomplete
☐ Incontinence

Colour _____

Other _____

Taking Laxatives

- ☐ Yes ☒ NO
☐ Allopathic
☐ Any Other

APPETITE AND DIGESTION

Do you feel hungry

☒ Yes ☐ No

Do you feel tightness before the next meal

☐ Yes ☒ No

Do you feel drowsiness after meal

☐ Yes ☒ No

GAS / गैस

- ☐ Bloating
☐ Passing with ease
☐ Passing with difficulty
☐ Burps/डकार

Intensity

- ☐ Mild
☐ Moderate
☐ Severe

Any med. for gas Other

☐ Yes

☒ No

NAD

ACIDITY / तेजाब

- ☐ Heart burn
☐ Reflux
☐ Sour belching
☐ Bile Brash/छटा पानी

- ☐ After food
☐ Before food
☐ Always

Intensity

- ☐ Mild
☐ Moderate
☐ Severe

Any medicines for gas

☐ Yes

☒ No

EYES

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision OK

Others NAD

URINE

Vega

- ☒ Day
☒ Night
☐ Normal

Associated with

- ☐ Urgency ☐ Frothy
☐ Strain ☐ Bleeding
☐ Pain ☐ Burning Sensation

- ☐ Satisfactory
☐ Unsatisfactory
☐ Incontinence

Colour OK

Others NAD

SLEEP

Duration

- ☒ Normal ☐ Disturbed
☐ Sound ☐ Late onset
☐ Dreams ☐ Disturbed in Middle

Intensity of Disturbance

- ☐ Mild ☐ Yes
☐ Moderate ☒ No
☐ Severe

Others NAD

MIND

- ☐ Depression ☐ Negative Thoughts
☐ Anxiety ☐ Restless
☐ Short Tempered ☐ Stress
☐ Mood Swings

- ☐ Avara Sattva
☐ Pravar Sattva
☒ Madhyam Sattva

Others NAD

ALLERGIES / REACTIONS

Food.....no..... Medicine / no..... Otherno.....

INVESTIGATIONS PROVIDED ☒ Yes ☐ No

DIAGNOSIS.....Osteoarthritis

CHIKITSĀ SŪTRA..... रूपन - पाचन / शोषण / वीर्यरक्षण

SPECIFIC ADVICE..... Answer yes & alien - very favorable

HEMATOLOGY

[illegible]

RADIOLOGY

[illegible]

Pt. Signature. Abhinav

Doctor Signature

DATE:-

17/07/22

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Rx. Dnyes Arthri Cap 180 Dnyes Argya Vent 180 x 1 month.	

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE	MORNING TO NIGHT DIET FULL DETAILS
13/07/22	Last Day - Breakfast-tea + Chapankh (9:00am) Roti (2) + Sabji (2:00pm) Dinner - Roti (2) + Sabji (8:00pm)
14/07/22	Today- Breakfast - tea & toast (9:00 Am)
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-



Jeena Sikho Lifecare Ltd

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,
Opp. Bank Of Baroda, South East Delhi, Delhi - 110025

+919313666680

UHID.....JS124..... OPD.....118..... Room No.....01..... Date.....14/07/22

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम)Keshav Krishan Dhanan.....
Name Of Father/Husband(पिता/पति का नाम)Late. Shri M.R. Dhanan.....
Date Of Treatment(उपचार की तिथि).....14/07/22..... Time of Treatment(उपचार का समय).....1:30 PM..... Age(उम्र).....78..... Sex(लिंग).....Male.....
Assistant Doctor (सहायक उपचारक)
Doctor Incharge(संचालक उपचारक).....
Treatment end Date(उपचार समाप्ति तिथि).....02/08/22..... Time End Of Treatment (उपचार का समय समाप्त).....2:00 PM.....
Operation (If Any)
Procedure(प्रक्रिया).....Abhyanga, pps, jeera Basti.....
Diagnosis(रोग निश्चय).....Osteoarthritis.....
Address & Phone No.(पता एवं फोन नं.).....43-2nd floor NRI Complex.....
G-k 4 (9717306940).....

Result	Cured/Relived	Investigation Only	Expired
	Relieved		

Payment :- CASH.....TPA Name/No.....GOVT. Insurance.....✓

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Jeena Sikho Lifecare Ltd. at my own risk and i am ready for the ayurveda treatment.
I am giving my consent after understanding benefit and out come of treatment. the information given by me are absolutely correct .

मैं अपनी मर्जी से जीना सीखो लाइफ केयर लिमिटेड क्लिनिक मे दिवसीय उपचार के लिए भर्ती हो रहा/रही हूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए ,और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक).....14/07/2022.....

Signature (हस्ताक्षर).....

Attendent (प्रत्यक्षी).....

Relationship with Patient (रोगी के साथ सम्बन्ध).....Wife.....

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Terms & Conditions

1. I have opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules,regulation and the charges without notice or assigning any reason there of .
3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone,electricity and air-conditioning failure etc.
4. Patients are advise not be bring any valuable or any jewellery or any other luggage with them. The Clinic will not be responsible for any loss or theft .
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूंगा /करूंगी |
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी |
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है | क्लिनिक स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई ज़िम्मेदारी स्वीकार नहीं करता है
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समान ना लाएं | अतः क्लिनिक किसी भी नुकसान या बकाया के लिए ज़िम्मेदार नहीं होगा |
5. रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है |
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चैक नहीं लिया जाता है |

Dated (दिनांक).....14/07/2022.....

Signature (हस्ताक्षर).....

Relationship of Patient (रोगी से सम्बंध).....Wife.....

Witness(प्रत्यक्षी).....Premila Bhandari.....

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Panchkarma Consent

UHID..... JS/24 OPD..... 118 Room No..... 01 Date..... 14/07/22

Patient's Name (रोगी का नाम)..... Keshav Krishan Chavan.

Father's/ Husband's Name (पिता/पति का नाम)..... Late. Shri M.R. Chavan.

Date (दिनांक)..... 14/07/22 Age (उम्र)..... 78 Sex (लिंग)..... Male.

Address & Phone no. (पता एवं फोन नं.)..... 43 2nd floor NRI - Complex C-4

Treatment Benefits (उपचार के लाभ)..... pain Relief

Risk (जोखिम)..... May Cause burn

Alternative (विकल्प)..... Stop therapies Immediately

हमें हमारी थैरेपी के बारे में पूर्णतः बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

जैसे :-	घुटनों में सूजन	<input checked="" type="checkbox"/>	झनझनाहट	<input checked="" type="checkbox"/>
	पैरों में दर्द	<input checked="" type="checkbox"/>	अकड़न	<input checked="" type="checkbox"/>
	पेट में भारीपन	<input checked="" type="checkbox"/>	सुन्नपन	<input checked="" type="checkbox"/>
	कमर में दर्द	<input checked="" type="checkbox"/>	उल्टी	<input checked="" type="checkbox"/>
	दर्द में वृद्धि	<input checked="" type="checkbox"/>	दस्त	<input checked="" type="checkbox"/>
	बुखार आना	<input checked="" type="checkbox"/>	बी.पी कम होना	<input checked="" type="checkbox"/>

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी Abhyanga के बारे में पूर्णतः ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी। Jai Singh

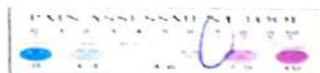
> थैरेपिस्ट का नाम Shubham Kashyap थैरेपिस्ट हस्ताक्षर Shubham

> डाक्टर का नाम रोगी के हस्ताक्षर

> प्रत्याक्षी Pramila Chavan दिनांक 14/07/22

We are informed about the therapy & also about the complication in which e.g.....

Swelling in Joints	<input checked="" type="checkbox"/>	Tingling sensation	<input checked="" type="checkbox"/>
Pain in Legs	<input checked="" type="checkbox"/>	Tenderness	<input checked="" type="checkbox"/>
Tenderness in abdomen	<input checked="" type="checkbox"/>	Numbness	<input checked="" type="checkbox"/>
Backache	<input checked="" type="checkbox"/>	Vomiting	<input checked="" type="checkbox"/>
Increase pain	<input checked="" type="checkbox"/>	Loose motion	<input checked="" type="checkbox"/>
Fever	<input checked="" type="checkbox"/>	Decrease B.P	<input checked="" type="checkbox"/>



> After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform..... Abhyanga Jai Singh

> Therapist's Name: Shubham Kashyap Therapist's Signature Shubham

> Doctor's Name Dr. Monice Singh Patient's Signature Jai Singh

> Witness Pramila Chavan Date 14/07/22



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UHID.....JSI24..... OPD.....118..... Room No.....01..... Date.....14/07/22

PROCEDURE

I.....Kamran Krishan dhanu.....W/o, S/o, D/o.....Late- Shri M.R. dhanu.....
R/O.....43, 2nd floor NRI Complex G.K-4.....
Date of Admission.....14/07/22..... Age.....78..... Sex.....Male.....
Has been clearly explained about the Procedure.....Abhyanga, PPS, Jammu Bala.....
By Dr.....Dr Monica Singh.....

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses for the procedure clearly. I have been explained about the procedure and in case of any emergency or further referral to any higher centre, the required expenses in that case will be paid by me. I am giving my consent for the procedure mention about.

मैं.....Kamran Krishan dhanu.....पिता/पति का नाम.....Late- Shri M.R. dhanu.....मता.....43, 2nd floor NRI Complex G.K-4.....
.....G.K-4..... (दिनांक).....14/07/22..... उम्र.....78..... लिंग.....Male.....

डॉ.....K.R. Dhanu.....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया है। जिसमें आने वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम).....K.R. dhanu.....

Signature (हस्ताक्षर).....[Signature].....

Date (दिनांक).....14/07/22.....

Place (स्थान).....NRI Complex G.K-4.....

Witness (प्रत्यक्षी).....[Signature].....

Doctor's Name (चिकित्सक नाम).....Dr Monica Singh.....

Signature (हस्ताक्षर).....[Signature].....

Date (दिनांक).....14/07/22.....
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UHID.....JS124..... OPD.....48..... Room No.....07..... Date.....14/07/22

PROCEDURE

Patient's Name(रोगी का नाम).....Kewant Krishan Ahnjan.....
Father's/Husband's Name (पिता/पति का नाम).....Late. Shri M.R. Ahnjan.....
Date (दिनांक).....14/07/22..... Age (उम्र).....78..... Sex (लिंग).....Male.....
Procedure Perform (प्रक्रिया).....Abhyangam + pps, Jaam Basti.....
Provisional Diagnosis (रोग निश्चय).....Osteoarthritis.....
Final Diagnosis (रोग विनिश्चय).....Osteoarthritis.....
Doctor Name (चिकित्सक नाम).....Dr. Monica Singh.....
Therapist Name(सहायक नाम).....Shubham Kashyap.....

Details of Therapy :

Rx. Abhyangam + Mahuyan oil
pps
Jaam Basti + Sandhulachi oil
X14 days

Doctor's Name (चिकित्सक नाम).....Dr. Monica Singh.....

Date (दिनांक).....14/07/22.....

Signature (हस्ताक्षर).....Monica.....

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UHID..... JS124..... OPD..... 118..... Room No..... P.1..... Date..... 02/08/22.....

F.H.NO. DISCHARGE FILE

Patient's Name (रोगी का नाम)..... Kewat Krishan Chauran..... Age (उम्र)..... 78..... Sex (लिंग)..... Male.....

W/o, S/o, D/o(पिता/पति)..... Late: Shri M.R. Chauran.....

Address (पता)..... 4.3rd floor NRI Complex Lk. 4.....

Treatment Start Date (उपचार प्रारंभ दिनांक)..... 14/07/22..... End Date of Treatment (उपचार की अंतिम तिथि)..... 02/08/22.....

Treatment Start Time (उपचार प्रारंभ समय)..... 1:00pm..... Treatment End Time (उपचार समाप्ति समय)..... 2:00pm.....

Chief Consultant (मुख्य चिकित्सक)..... Dr. Nidhi Puri.....

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

B/L knee joint pain & stiffness.

Past Medical History (पुराना चिकित्सा वृत्तान्त)

No

Family History (कुटुंब वृत्तान्त)

No

Pain Scale - 7/10

VitaParameters

B.P 132/98 mmHg.

P/R 76

SUGAR 110mg/dl

WEIGHT 70.1kg

HEIGHT 162cm

MENSTRUAL HISTORY

N/A

Astha Sthana Pariksha

1. NADI Vaarak
2. MALA Niram
3. MUTRA Niram
4. JIWA Niram
5. SHABDA Sparsha
6. SPARSHA Niram
7. AKRUTI prakrit
8. DRIKA prakrit

Dash vidha Pariksha

- 1) Prakriti Vaarak
- 2) Vikriti Pitta
- 3) Sara madhyam
- 4) Samhana madhyam
- 5) Pramana madhyam
- 6) Satmya madhyam
- 7) Satva madhyam
- 8) Agni madhyam
- 9) Vaya madhyam
- 10) Vyayam Shakti madhyam.

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INVESTIGATION EXAMINATION (जाँच)

N/A

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

Δ. Osteoarthritis.

Tx - Abhyanga & Malun ay
PDS
Jaan Basti & Sarsaparil ay } x 14 days

DIET ADVISE ON DISCHARGE (आहार निर्देश)

As per diet Chart

Follow up (दोबारा कब आना है) After 7 days.

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
PH No. +91 88822 96573

A) In use ay same plan

B)

C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Rx. Dnya Arthri Cap - 1 BD.
Dnya Arogya varl - 1 BD } x 1 month.

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Dr. Name Dr. Monica Dura

Sign. [Signature]

Date. 03/08/22



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Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Keshav Krishan Mahajan Age(आयु) : 78 Sex(लिंग) : Male
OPD : 118 UHID No. : JS/24
Address /पता : 43, 2nd floor NRI Complex C.K. 4
Phone No./ फोन नं. : 9717306940 Email / ईमेल :
Name of Doctor /डॉक्टर का नाम : Dr. Monica Singh

Dear Sir/Madam, प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं No/नहीं
1.	Do you found ,Time period spent on your assessment is sufficient or not ? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	Yes	
2.	Explained about diagnosis and treatment ? निदान और उपचार के बारे में समझाया ?	Yes	
3.	How is work experience of staff ? कर्मचारियों का कार्य अनुभव कैसा है ?	Good	
4.	During your problem did employee or staff respond you on time or not ? जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?	Yes	
5.	Did staff treat you with dignity and respect ? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	Yes	
6.	How would you feel during treatment ? ईलाज के दौरान आपने कैसा अनुभव किया ?	Good	
7.	Did you have confidence and trust in the staff ? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	Yes	
8.	What one thing would you change about the department ? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	Yes	No

Your comments / आपके सुझाव

Date : 02/08/22

Signature (Clinic Authority)

Monica
Jeena Sikho Lifecare Ltd.
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Signature (Patient/Guardian)

Signature (MD/MS)



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Charges Concern Form

Name (नाम): Kewal Krishan Dhaman DOA (भर्ती की तारीख): 14/07/22
Age (उम्र): 78 Sex (लिंग): Male UHID: JS124 OPD: 118
W/O, S/O, D/O (पिता/पति): late Shri M.P. Dhaman Day Panchkarma: 14 days

Consultant Name (चिकित्सक नाम): Dr. Monica Singh

Provisional Diagnosis (रोग निश्चय): osteoarthritis

Final Diagnosis (रोग विनिश्चय): osteoarthritis

1. Procedure details (प्रक्रिया विवरण): Abhyangam, PPS, Jaam Basti
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क): 150/-
3. Nursing Charges (नर्सिंग शुल्क): No

4. Package Charges Procedure wise

A: Abhyangam 1145 X 14 days
B:
C: PPS 1220 X 14 days
D:
E: Jaam Basti - 895 X 14 days

5. Doctor Fees (चिकित्सक शुल्क): 150/-
6. Medicine (approx) costing: No
7. Consumable (approx) charges: No
8. Accessory (approx) charges: No
9. Diet Charges (आहार शुल्क): No

Total Estimated Package Rs.

450901/-

Patient Signature

[Signature]

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Receptionist Signature

[Signature]

PAIN SCORING CHART

UHID: JS124

OPD: 118

Name: KAREW KAREW CHANDAN Age: 78 Sex: Male

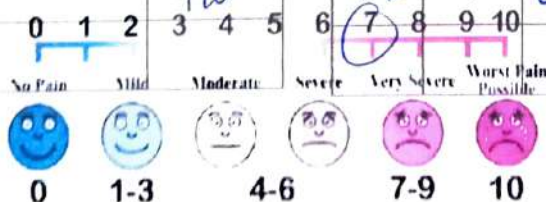
Consultant: Dr. Monica Singh Date of admission: 14/07/22

Before Treatment

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1.	1:00pm	14/07/22		7/10
2.	"	15/07/22		7/10
3.	"	16/07/22		6/10
4.	"	18/07/22		6/10
5.	"	19/07/22		6/10
6.	"	20/07/22		5/10
7.	"	21/07/22		5/10
8.	"	25/07/22		5/10
9.	"	26/07/22		4/10
10.	"	27/07/22		4/10
11.	"	28/07/22		4/10
12.	"	29/07/22		3/10
13.	"	01/08/22		3/10
14.	"	09/08/22		3/10

S.No.	Time	Date	Checked by	Pain Scoring
1.	2:00pm	14/07/22		7/10
2.	"	15/07/22		7/10
3.	"	16/07/22		6/10
4.	"	18/07/22		6/10
5.	"	19/07/22		6/10
6.	"	20/07/22		5/10
7.	"	21/07/22		5/10
8.	"	25/07/22		5/10
9.	"	26/07/22		4/10
10.	"	27/07/22		4/10
11.	"	28/07/22		4/10
12.	"	29/07/22		3/10
13.	"	01/08/22		3/10
14.	"	02/08/22		3/10



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[illegible]

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Daily Feedback Form

Name.....Kennedy Krishan dhwan..... Age78..... GenderMale..... Date19/07/22

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकनीक)

- Bk knee joint pain & stiffness.

PATHYA/APATHYA

As per dent check -

[illegible]

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UHID: JS124

OPD: 118

Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

1:00pm
14/07/22

B.P.:

139/85

P/R:

96

Temp.:

96.7°F

Pain:

7/10

C/S/B -

C/o - B/L knee joint pain
Whole body stiffness.

Tt - Abhyangaan & Ardhyanan ay
PPS.

Jeena Basti & Sandhachari ay

Adv - take proper Rest & diet

Adv

1:00pm
15/07/22

B.P.:

135/95

P/R:

75

Temp.:

98.6°F

Pain:

7/10

C/S/B -

C/o - no joint Complains. Added

Tt - CSR

Adv - take proper Rest & diet.



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UHID: JS124

OPD: 118

Room No. 01

PH No. +91 9313666680

PROGRESS NOTES

1:00 pm
16/07/22

B.P.:

139/85

P/R:

78

Temp.:

96.8°F

Pain:

6/10

C/SIB -

Go - No further Complaint Added

TE - CST

Adv take program Rest & diet

Moulee
16/7/22 1:00 pm

1:00 pm
18/07/22

B.P.:

139/99

P/R:

95

Temp.:

99.7°F

Pain:

6/10

C/SIB -

Go - No further Complaint Added

TE - CST

Adv take program Rest & diet

Moulee
Jeena Sikho Lifecare Ltd.
Shop no. 14, Upper Ground Floor
Bharat Nagar, New Friends Colony
Delhi - 110025
New Delhi - 110025

UHID: JSI 24

OPD: 118

Room No. 07

PH No. +91 9313666680

PROGRESS NOTES

2:00 pm.

19/07/22

B.P.: 130/85

P/R: 75

Temp.: 96.4°F

Pain: 6/10

C/S/B.

40 - No fresh Lymphatic Adenoid

TE - CST

Adv take program But 4 dent

Mayer
19/07/22
01:01 PM

2:00 pm

20/07/22

B.P.: 131/95

P/R: 85

Temp.: 99.8°F

Pain: 5/10

C/S/B

40 - No fresh Lymphatic Adenoid.

TE - CST

Adv take program But 2 dent

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Jeena Sikho Lifecare Ltd

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,

Opp. Bank Of Baroda, South East Delhi, Delhi - 110025

UHID: JS124

OPD: 118

Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

1:00 pm
21/07/22

B.P.:
132/48
P/R:
95
Temp.:
98.6
Pain:
5/10

C/S/B.

Go - No fresh Complaint Added.

TE - CST

Adv - take proper Rest & diet

Mamie
21/7/22
1:00 pm

1:00 pm
25/07/22

B.P.:
130/85
P/R:
99
Temp.:
96.8
Pain:
5/10

C/S/B.

Go - No fresh Complaint Added.

TE - CST

Adv - take proper Rest & diet.

Jeena Sikho Lifecare Ltd

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,
Opp. Bank Of Baroda, South East Delhi, Delhi - 110025

UHID: JS124

OPD: 11

Room No. 21

PH No. +91 9313666680

PROGRESS NOTES

1:00pm
26/07/22

B.P.:
132/98
P/R:
75
Temp.:
98.6°F
Pain:

4/10

USIB -

Go - no fresh Ceph/Am Adduct

TE - CST

Adv - take proper Diet & drink -

Done
26/7/22
01:12 PM

1:00pm
27/07/22

B.P.:
130/98
P/R:
85
Temp.:
97.6°F
Pain:

4/10

USIB -

Go - no fresh Ceph/Am Adduct.

TE - CST

Adv - take proper Diet & drink

UHID: JS124

OPD: 118

Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

1:00pm
28/07/22

B.P.:
131/98
P/R:
73
Temp.:
96.7°F
Pain:

C/S/B -

C/O - No fresh Cephalic Adhes.

TE - CST

7/10

Adv - take prayer Post & dent

Meine
28/7/22
01:01pm

1:00pm
29/07/22

B.P.:
132/96
P/R:
85
Temp.:
98.7°F
Pain:

C/S/B -

C/O - No fresh Cephalic Adhes.

TE - CST

3/10

Adv - take prayer - Post & dent

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Opp. Bank Of Baroda, South East Delhi, Delhi - 110025

UHID: JSI.24

OPD: 118

Room No. 07

PH No. +91 9313666680

PROGRESS NOTES

2:00pm
01/08/22
B.P.:
130/85
P/R:
98
Temp.:
98.6
Pain:
3/10

US/B -

Go - no fresh Complaint Addressed

TE - CST

Adv - take medicine Rint & drink.

NOTE We are planning for discharge. tomorrow becoz pt is fine now

1:00pm
02/08/22
B.P.:
132/98
P/R:
76
Temp.:
96.8
Pain:
3/10

US/B -

Go - no fresh Complaint Addressed.

TE - CST

Adv - take medicine Rint & drink

NOTE pt is discharged becoz pt is fine now

Naresh
01/08/22
01:00am

Naresh
2/8/22
01:00am