



OREGANO LIFE PVT LTD.

● www.oreganolife.com ✉ oreganolifeprivatelimited@gmail.com
📍 11, Krishna Kunj, Main Market, Near Lovely Public School,
Laxmi Nagar, Delhi - 110092
☎ +91-99834-08618 / +91-94140-93327
📄 GST NO :- 07AADC02760R1ZX / CIN NO :- U74799DL2020PTC370758

NC02/AAC 7b: Investigation results were not found neither in sampled case sheets nor on prescription

- In the shared file we have rectified the deficiency and followed as per your guidance as it contains the test results mentioned in the attached sample case sheet

Jijhau
22-12-2022
OREGANO LIFE PVT. LTD.
11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092

GMP



Dr. Himanshu Verma

BAMS, D.A.K, D.P.C (Ayurvedacharya)

UHID No. : 020563

Age: 69 Sex: M

Date: 8/8/22

Time: 11:30 AM

ORTHO CARE

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

PANCHKARMA

- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
- Shiro Pichu
- Kati Basti, Prishtha Basti
- Janu Basti
- Akshi Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam
- Virechan
- Vaman

Asht

KFT

Reports attached

GASTOCARE

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

FACILITY

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

Name: Mr. Naresh Chandel

W/o, D/o, S/o: Raghubir Singh

Chief Complaint: Pain in joints, Pain in legs, weakness, difficulty in walking.

History

70 years old from last 2 years

Menstrual History

N/A

Diagnosis:

Hypertension, CKD
Creatinine - 4.80 mg/dl
- urea - 129 mg/dl
phosphorus - 3.80 mg/dl

70 Pain in joints, Pain in legs, weakness, difficulty in walking.

अष्टविध

परीक्षा

स्पर्श

शब्द

Face (आकृति)

Eye (दृष्टि)

Jiwha (जिह्वा)

Urine (मूत्र)

Stool (मल)

Nadi (नाड़ी)

valipatty

(Dash Vidha)

1. Prakruti valipatty

2. Vikruti Pittey

3. Sara Medhyam

4. Samhana Medhyam

5. Pramana Medhyam

6. Satmya Medhyam

7. Satva Medhyam

8. Aahar Shakti Medhyam

9. Vaya Vridh

10. Vyayam Shakti Medhyam

Vitals:

B.P.: 128/80 mm Hg

Weight: 75 kg

Height: 5'9 ft

OREGANO LIFE PVT. LTD.
11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092

NEXT CONSULTATION DATE:

Doctor Signature & Stamp

INITIAL ASSESSMENT FORM

DATE: 8-Aug-22 UHID No: 010563 OPD No.: 01/01/563

PATIENT NAME: Narush Chand S/W/D Name: Raghubar Singh PHONE No: 9811388195

PATIENT HISTORY:

ADDRESS (Province-District): F-209 Mangal Bazaar Laxmi Nagar, Sakarpur Delhi - 92

PATIENT AGE: <u>69/m</u>		F	M ☒	Diagnosis:
1. Civil Status	Single	Married ☒	Number of children: <u>- 2</u>	
2. History of the trauma/illness	Date:	Circumstances/Etiology:		
Associated diseases:				
3. Medical History/Treatment	Hospital:	Care: <u>Day Care</u>		
Evolution since the beginning	Improved	Worse	Remarks:	
Medication: <u>Tab. Dylor 10mg x B.D</u> <u>Tab. Glynasec 1 x B.D</u>		X-ray/Other ex:		

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

Remarks:

Date

8-Aug-22

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
8/8/22 Tea 2 slice Bread	Roti + Sabji Roti + Sabji	Dal + Rice Rajma + Rice	Milk Milk

PANCHKARMA TREATMENT PLAN**POORVA KARMA**

Days Medicine	Rx - Symp ^{x 2} B.D - Cap Nephro ^{x 2} B.D
Risk, Benefits	- Symp Kidney Care x D.D
Next follow up advice	- Tab multivitamin x D.D
Next follow up date	

PRADHA KARMA

Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	

PASCHAT KARMA

Days Medicine	
Risk, Benefits	

Pain Score

Functional Evaluation:

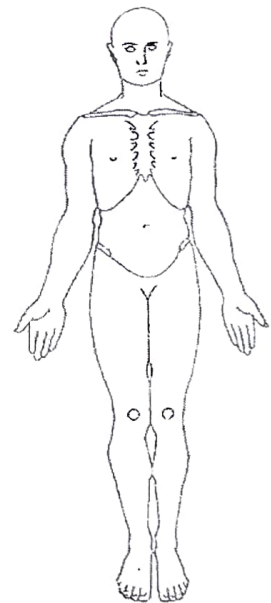
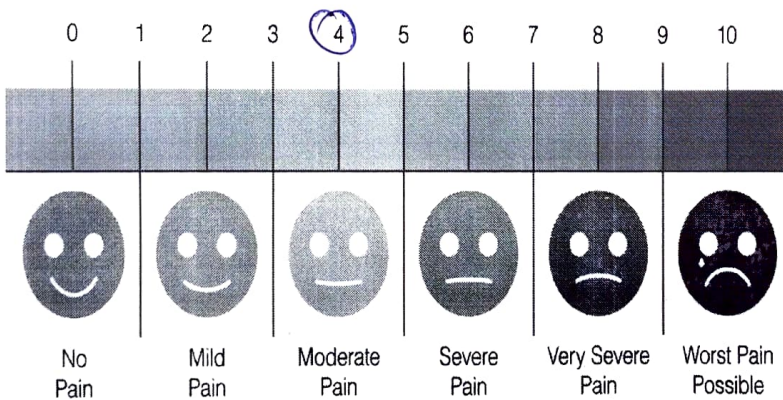
Balance disorders

Sitting	Normal
	Good
	Poor
	Not possible
Standing	Normal
	Good
	Poor
	Not possible

Coordination

UPPER LIMBS	Good		Poor		Not possible	
	L	R	L	R	L	R
LOWER LIMBS	Good		Poor		Not possible	
	L	R	L	R	L	R
Comments:						

PAIN SCALE



Next Follow Plan

8/8/22

Next Follow Date

General Examination Assessment

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श (N)	8/8/22			Shishu	
2.	शब्द (N)	"			Shishu	
3.	Face (Akruti) (N)	"			Shishu	
4.	Eye (Dirka) (N)	"			Shishu	
5.	Jiwha (N)	"			Shishu	
6.	Urine (N)	"			Shishu	
7.	Kastho (Stool) (N)	"			Shishu	
8.	Nadi (वात, पित्त, कफ) (N)	"			Shishu	

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti (Vataj)	8/8/22			Shishu	
2.	Vikruti (Vataj)	"			Shishu	
3.	Sara (Madhyan)	"			Shishu	
4.	Samhana (M)	"			Shishu	
5.	Pramana (M)	"			Shishu	
6.	Satmyaō (M)	"			Shishu	
7.	Satva (M)	"			Shishu	
8.	Aahar Shakti (M)	"			Shishu	
9.	Vaya (Vridha)	"			Shishu	
10.	Vyayani Shakti (M)	"			Shishu	

NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Nareesh Chand Date: 8/8/22
UHID No: 020563 Age: 69 Sex: M.

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

Referring Clinician: _____

Reason(s) for visit: _____

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 MENSTRUALCYCLE.....MEDICATION

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

If yes, please specify: - No

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 No

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

If yes, what No

Do you have any chronic illnesses? Yes or No

If yes, please explain No

(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 No

Breakfast - चाय, पौष्ट
Lunch - रोटी, सब्जी
Dinner - चावल, दाल

ase explain about

- Appetite : Good
- Food habits : Normal
- Daily working hours : -
- Exercise : 1/2 hour
- Job profile : -
- Height : 5'4 ft
- Weight : 68 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

पशु - हल्का सादा व शुद्धाद्य औजस

Ex - चिचड़ी, दलिया, पौष्ट, उपमा
आदि

अपशु - राजमा, खोले, पनीर, चावल
आदि

विहार - ज्यादा बोध न जाए, Exercise
कर करे।

Doctor Signature
OREGANO LIFE SVT LTD.
Dr. Krishna Kunj,
Main Market, Daxmi Nagar,
East Delhi-110092

Patient Signature
Daxmi Nagar

COVID-19 MANDATORY SELF DECLARATION FORM

Name: Nareesh Chand Age: 69 Gender: M/F M
 Date: 8/8/22 Contact Number: 9811388195
 Address: F-209 Mangal Bazar Laxmi Nagar, Saket, Delhi - 92

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

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

Fever	Yes	No ☒
Dry Cough	Yes	No ☒
Sore Throat	Yes	No ☒
Diarrhoea	Yes	No ☒
Breathlessness	Yes	No ☒
Asthma	Yes	No ☒
Other : Please specify	Yes	No ☒

- 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?
For Consultation
- 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 Aarogya 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 at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

Nareesh Chand
Signature

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No: 020563 OPD No: 0210P/563 IPD No: Date: 8/8/22

Patient Name (रोगी का नाम) Narash Chaud Age (उम्र) 69 Sex (लिंग) M
 Name of W/O, D/O, S/O (पता/पति का नाम) Raghubir Singh
 Address (पता) E-809, Mangal Bazar, Laxmi Nagar, Shabarpur, Delhi-92
 Phone No (फोन नं.) 9811388195 Email (ईमेल)
 Name of Doctor /डॉक्टर का नाम: Dr. Himanshu Verma
 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 हैं ?	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? इलाज 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 ?		No

Your comments / आपके सुझाव

Signature (Patient/Guardian)

Date: 8/8/22


OREGANO LIFE PVT. LTD.
 Signature (Clinic Authority)
 11, Krishna Kunj,
 Main Market, Laxmi Nagar,
 East Delhi-110092


OREGANO LIFE PVT. LTD.
 Signature (MD/MS)
 11, Krishna Kunj,
 Main Market, Laxmi Nagar,
 East Delhi-110092

Name :	Mr. NARESH CHAND			Collected :	12/9/2022 10:11:00AM
Lab No. :	170745651	Age: 69 Years	Gender: Male	Received :	12/9/2022 10:12:43AM
A/c Status :	P	Ref By : Dr. RAMESH KUMAR		Reported :	12/9/2022 3:43:33PM
				Report Status :	Final

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY PANEL; KFT,SERUM			
Urea (Urease GLDH)	129.00	mg/dL	17.00 - 49.00
Creatinine (Modified JaffeKinetic)	4.80	mg/dL	0.70 - 1.30
Result Rechecked, Please Correlate Clinically.			
Uric Acid (Uricase)	3.50	mg/dL	3.50 - 7.20
Calcium, Total (Arsenazo III)	7.40	mg/dL	8.80 - 10.20
Phosphorus (Phosphomolybdate UV)	3.80	mg/dL	2.30 - 3.70
Alkaline Phosphatase (ALP) (IFCC-AMP)	100.00	U/L	30.00 - 120.00
Total Protein (Biuret)	4.50	g/dL	5.70 - 8.20
Albumin (BCG)	1.90	g/dL	3.20 - 4.60
A : G Ratio (Calculated)	0.73		0.90 - 2.00
Sodium (Indirect ISE)	139.90	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.09	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	104.90	mEq/L	98.00 - 107.00



S03 - LPL-PREET VIHAR
C-49, MAIN VIKAS MARG, PREET VIHAR, NEW
DELHI-110092
DELHI

Name :	Mr. NARESH CHAND			Collected :	12/9/2022 10:11:00AM
Lab No. :	170745651	Age: 69 Years	Gender: Male	Received :	12/9/2022 10:12:43AM
A/c Status :	P	Ref By : Dr. RAMESH KUMAR		Reported :	12/9/2022 3:43:33PM
				Report Status :	Final

Test Name	Results	Units	Bio. Ref. Interval
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ADVICE: CKD RISK MAP

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated



Dr Gaurav Jyoti Phukan
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

End of report



IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s)*Test results are not valid for medico legal purposes.
*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.

Name : Mr. NARESH CHAND
 Lab No. : 170200052
 Ref By : DGEHS DISPANCERY
 Collected : 23/11/2022 9:04:00AM
 A/c Status : ~~R~~
 Collected at : LPL-PREET VIHAR
 C-49 Main Vikas Marg, Preet Vihar, Delhi
 110092

Age : 69 Years
 Gender : Male
 Reported : 23/11/2022 12:08:42PM
 Report Status : Final
 Processed at : LPL-PREET VIHAR
 Plot no. 33, Defence Enclave, Vikas Marg,
 Preet Vihar, New Delhi-110092

Test Report

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY PANEL; KFT,SERUM			
Urea (Urease GLDH)	88.00	mg/dL	17.00 - 49.00
Creatinine (Modified Jaffe, Kinetic)	1.81	mg/dL	0.70 - 1.30
Uric Acid (Uricase)	3.50	mg/dL	3.50 - 7.20
Calcium, Total (Arsenazo III)	7.40	mg/dL	8.80 - 10.20
Phosphorus (Phosphomolybdate UV)	3.10	mg/dL	2.30 - 3.70
Alkaline Phosphatase (ALP) (IFCC-AMP)	124.00	U/L	30.00 - 120.00
Total Protein (Biuret)	4.50	g/dL	5.70 - 8.20
Result Rechecked, Please Correlate Clinically.			
Albumin (BCG)	1.80	g/dL	3.20 - 4.60
Result Rechecked, Please Correlate Clinically.			
A : G Ratio (Calculated)	0.67		0.90 - 2.00
Sodium (Indirect ISE)	138.50	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.31	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	107.10	mEq/L	98.00 - 107.00

ADVICE: CKD RISK MAP

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated



Name : Mr. NARESH CHAND
Lab No. : 170200076
Ref By : Dr. RAMESH KUMAR
Collected : 23/11/2022 8:39:00AM
A/c Status : P

Collected at : LPL-PREET VIHAR
C-49 Main Vikas Marg, Preet Vihar, Delhi
110092

Age : 69 Years
Gender : Male
Reported : 23/11/2022 3:01:57PM
Report Status : Final
Processed at : LPL-PREET VIHAR
Plot no. 33, Defence Enclave, Vikas Marg,
Preet Vihar, New Delhi-110092

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SODIUM, SERUM (Indirect ISE)	138.70	mEq/L	136.00 - 145.00
POTASSIUM, SERUM (Indirect ISE)	4.27	mEq/L	3.50 - 5.10