



ORTHOCARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
Shiro Pichu
- Kati Basti, Prisht Basti
Janu Basti
- Akshu Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Dr. Gitika Chaudhary

BAMS (Ayurvedacharya)
Registration No. 4318-1

Dr. Rachana

BAMS, NDDY
Registration No. 5157-1

Dr. Bhawna Walia

BAMS (Ayurvedacharya)
Registration No. 26152

Name: Mukesh Kumar
W/o, D/o, S/o: Shri Pawan Kumar
Chief Complain: Back Pain
History: Back Pain

AGE: 34 SEX: M

DATE: 24/05/2021

TIME: 9 AM

Menstrual History

Diagnosis:

अष्टविध परिक्षा

स्पर्श

शब्द

Face (आकृति) Normal

Eye (दृष्टि) Clear

Jiwha (जिह्वा) Coated

Urine (मूत्र) Normal

Stool (मल) dry

Nadi (वात, पित्त, कफ)

वृद्धिपित्त

(Dash Vidha)

1. Prakruti वृद्धिपित्त
2. Vikruti NO
3. Sara Normal
4. Samhana Normal
5. Pramana Normal
6. Satmya Normal
7. Satva Awake
8. Aahar Shakti Good
9. Vaya NO
10. Vyayam Shakti Good

10 Severe Back Pain
10 unable to move stand
10 Pain radiating to Rleg 10-15 days

It is advised for Admission

Ahar

SLR 45°
L 60°

- 1) Kati Basti (using) Mahanarayana taila
- 2) Abhyanga (using) Dhanwantara taila
- 3) Basti (Mahanarayana taila)

Tab Shudhi Pain 1-0-1 BD

Tab Pain Cur 1-0-1 BD

Madhya, Sug Maheshwadi Kurub Upay
TSP.

Vitals:

B.P: 120/80

Weight: 65 kg

Height: 5.4

RBS: 98 mg

Pain score 10/10

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
Showroom No. 12, Kalgidhar Enclave,
Shimla Highway, Baltana, Zirakpur-140603

NEXT CONSULTATION DATE:

(SHOWROOM NO. 12, KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRAKPUR-140603)

Nutritional Assessment → $BH^2 = \frac{65}{(1.65)^2} = 19.69$

→ 1200 Calorie Diet Plan.

Day 1 to 3 6:30 AM Herbal tea

Then 8 AM - oats / Dalia / Poha.

to be 12 PM - vegetable / Roti - 2 / Rice - 1/2 cup, Dal - 1 cup

Review 4 PM - Fruits (2 cup)

Pariva
Hau
3 days.

8 PM - Mixed vegetable - 1 cup, Dal - 1 cup
Roti - 2.

Procedure details

Kati Basti - Benefits - Relief in Pain, stiffness & swelling

Risk :- suspected in some cases !! in Pain

Alternative → PPRS

Basti → Benefits → Relief in Pain, Stiffness, improved movement

Risk - Loose stool, Constipation.

Alternative - Sirokathi or Taila Kwath as enema.

Abhyanga → Benefit - Relief in Pain stiffness, Relaxation of Body.

Risk - Rashes, Allergy

Alternative - Taila dhara.

Pranali
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Shimla Highway, Baltana, Zirakpur-140603

INITIAL ASSESSMENT FORM

DATE: 24/05/2021

UHID: 8521

OPD: 5003

PATIENT NAME: Mr. Mukesh Kumar

F/Name: Shri. Pankaj Kumar

PATIENT HISTORY:

ADDRESS (Province-District):

PHONE No:

PATIENT AGE:

F

M

Diagnosis: Acute Dumbago

1. Civil Status

Single

Married

Number of children:

2. Job & Occupation

Armed forces

Farmers, fisherman

Non qualified worker

Technician

Office workers

Retired

Unemployed & not active

Student

3. Education level

Can write

Can read

Class:

4. History of the trauma/illness

Date:

Circumstances/Etiology:

Associated diseases: Back Pain

5. Medical History/Treatment

Hospital:

No

Care:

Evolution since the beginning

Improved

Worse

Remarks:

Medication:

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 charging

☐

Fairly steady

☒

Steady stable fixed

Concentration

☒

Short-term 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

☐

Groups

Weather preference

☐

Aversion to cold

☒

Aversion to heat

☐

Aversion to damp, cool

Reaction to stress

☐

Excites quickly

☐

Medium

☐

Excites slowly to get excited

Finances

☒

Doesn't save spends quickly

☐

(Save but not spend)

☐

Have ready money, accumulates wealth

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirpur, 140603

friendship	☒ Tends towards short term friendship makes friends	☐ Tends to be a longer friends related to occupation	☐ Tends to form long
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5. Medical and Social Support			
Ant old disease Live DM, HTN Etc.	Yes	No ☒	Comments:
History of Surgery	Yes	No ☒	Comments:
History of	Good ☒	Bad	Comments:

9. Main patient's concerns:			
10. Main patient's expectations:			
Current Treatment:	1 st ☒	2 nd ☐	3 rd ☐

Remarks:

Date 24/05/2021

Diet

Breakfast	Lunch	Dinner	Night
दलिया	मूंग दाल + रोटी + सब्ज	रिश्वाड़ी + दाल	_____
रिश्वाड़ी + पनीर (दूध)	रोटी + मूंग - मसूर दाल	दलिया	_____
दलिया + पाश्चिमविकेट	रोटी + मूंग दाल + दालिया	रोटी + सब्ज + मूंग - मसूर दाल	_____
पौष्ट	रोटी + मूंग दाल + सब्ज + मूंग	रिश्वाड़ी + दाल	_____

Date 30/05/2021

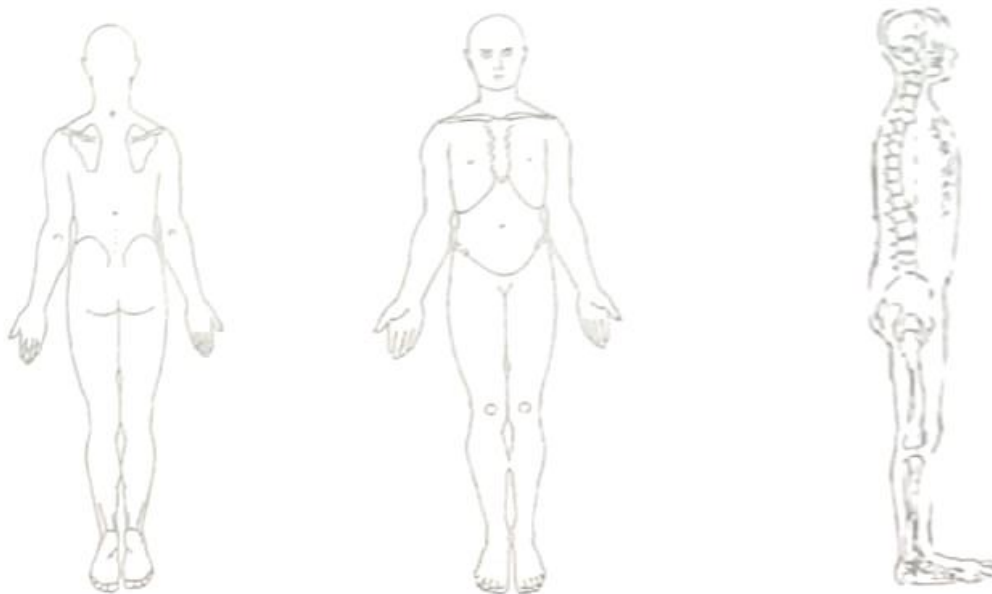
Diet

Breakfast	Lunch	Dinner	Night
रिश्वाड़ी + पनीर (दूध)	दलिया + पौष्ट	मूंग दाल + मसूर दाल + रोटी + सब्ज	_____
दलिया	रिश्वाड़ी + दाल	मूंग दाल + मसूर दाल + रोटी	_____
रिश्वाड़ी + पौष्ट	मूंग + मसूर दाल + रोटी + सब्ज	दलिया	_____
दलिया + चाय + बिस्किट	मूंग + मसूर दाल + रोटी	_____	_____

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Physical Examination:

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxation etc.



Remarks:

Local tenderness (+)
Local stiffness (+)
Swelling - mild (+)

Skin & Soft tissues problem

DISORDERS	Minor	Important
Swelling	+	
Callus	-	
Scar	-	
Wound	-	
Temperature	(N)	
Infection	- NO -	
Pain	++	
Abnormal Sensation	(NO)	

Sensation

Sensitivity	R	L	(Specification)
Superficial	+	+	
Deep	-	-	
Numbness	+	+	
Paresthesia	-	-	
Other			

SLR Test
REFAXYED

Rt. 45°
Lt 60°

Details Discription of Disease

	Comments
Onset	Sudden onset
Additional Disease	NO H/O OIM / HTN / CAD
Allergy	- NO -
Pass Treatment	Pt had taken allopathic treatment from private clinic for low back pain

Shuddhi Ayurveda Pratikarma Clinic
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Shimla Highway, Baltana, Zirakpur-140603

GENERAL EXAMINATION ASSESEMENT

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श Mridu					
2.	शब्द Sparshita					
3.	Face (Akruti) madhyam					
4.	Eye (Dirka) Madhyam					
5.	Jivha Niran					
6.	Urine (N)		Same	Same	Bhawan	
7.	Kastho (Stool) Musila	Same				
8.	Nadi (वात, पित्त, कफ)					

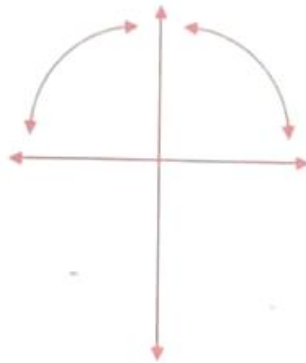
DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti Atita					
2.	Vikruti Madhyam					
3.	Sara Madhyam					
4.	Samhana Avaran					
5.	Pramana Madhyam					
6.	Satmya Madhya	24/05/21	7/06/21	22/06/21	Bhawan	No
7.	Satva Madhya					
8.	Aahar Shakti Madhya					
9.	Vaya madhya					
10.	Vyayani Shakti Avaran					

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S

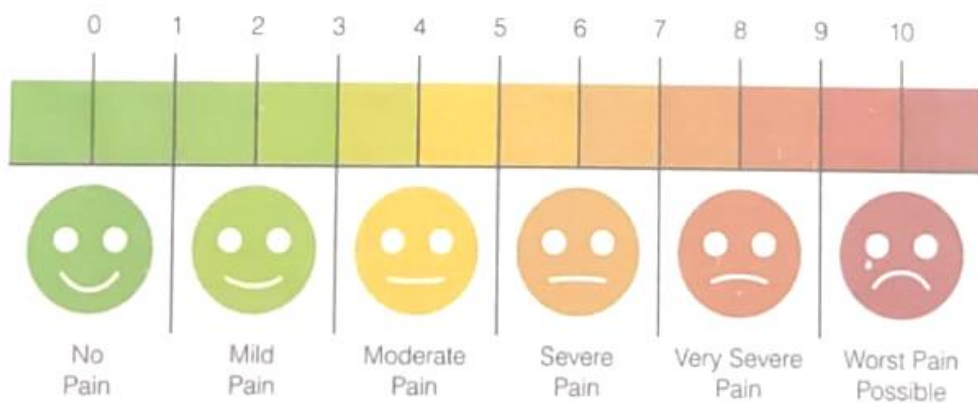
Body chart of pain/symptoms distribution:



Pain Score

10/10

PAIN SCALE



Pt has severe pain in lower back i.e. admitted in our hospital.

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GRITHPAN ANALYSIS

- Weight :
- Daily Ghrut intake :
- Lipid Profile :
- Menstrual History :
- Gravida :
- Menopause :
- Period Days :
- Pain During Period
- L M P
- EDD

Primary Infection

Secondary Infection

NAD

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S

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21st
b.

Shuddhi Ayurveda Panchkarma Clinic
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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:			

GAIT ANALYSIS				
Functional Quality of the gait	Normal	Good	Poor	Comments:
1. SAFETY	✓			
2. CADENCE	✓			
3. SPEED	✓			Speed is Ⓚ but has pain
4. FATIGUE	✓			
Next Follow Plan	Follow up after 15 days in OPD 9am to 2PM.			
Next Follow Date	Follow up on			
Till Next Follow Diet Care :	Follow same diet care for next 7 days.			
Till Next Follow Life Style Change	Follow same life style as advised.			

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PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	
PRADHA KARMA	
Days Medicine	7 days of treatment ① Risk of Abhyanga - skin allergy ② Risk of Basti - Laxation
Risk, Benefits	① Abhyanga - Dhanwantaram oil ② Kati Basti - Mahanarayana oil ③ Anuvasana - Mahanarayana oil Benefits of abhyanga - Pain relief Benefits of Basti - Pain relief
Next follow up advice	Benefit of Basti - Pain relief
Next follow up date	Risk of Kati Basti - Pain ↑↑ ③ Benefits of Kati Basti - Relief in pain
PASCHAT KARMA	
Days Medicine	Ayurvedic treatment as advised for 7 day (Medicine are advised on discharge summary)
Risk, Benefits	① Pain many ↑↑ ② Fever onset ③ stiffness ① Relief in Pain ② Good appetite ③ stiffness ↓↓ ④ swelling ↓↓
Next follow up advice	Follow up after 7 days
Next follow up date	

Ahara to follow - Laghu sapachaya Ustma sarvare
'Anupine Ahara.

Vihaar to be follow - Yoga, Pranaya, Ashwa, Anukart.
vataken for safety.

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Loka Sansthan)
Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirakpur-140603

Nutritional Assessment Form

I. Identifying Information

Full Name: Mr. Mukesh Kumar Date: 24/05/2021
UHID No: 8521 Age: 34y Sex: M

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

Referring Clinician: N/A

Reason(s) for visit: He is admitted for Panchkarma Treatment

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: - Nothing Significant

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 _____

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Please explain about

- Appetite : N
- Food habits : pure vegetarian
- Daily working hours:
- Exercise :
- Job profile :
- Height :
- Weight :

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

Doctor Signature

Bewany

Patient Signature

Bhali
Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Dnyanesh Sansthan)
Showroom No. 12 Kalidhar Enclave,
Shimla Highway, Baltana, Zirakpur-140603



UHID: 8521

OPD: 5003

Room No. 1

PH No. 9041790101

PROGRESS NOTESINITIAL ASSESSMENT

* Chief Complaint :- Pt. Comes C/O
- Severe back Pain
- unable to move and stand
- Pain radiating to R Leg.

* History of Present illness :- Pt. was healthy before 20-25 days. Then suddenly he started to fast Lower backache. Pt. took allopathic medication from private clinic but not got relieved. on day by day Pain aggravated and Pain from Lowerback radiate to Right leg. Pt. was suffering from 10-15 days and now admitted here for further treatment.

* Past History :- NAD

* Personal History :- NO H/O DM/HIN/Asthma

* Family History - NAD



Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

UHID. 8521 OPD. 5003 Room No. 2 Date 24/05/2021

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Mr. Mukesh Kumar.
Name Of Father/Husband (पिता/पति का नाम) Shri. Ravi Kumar.
Date Of Treatment (उपचार की तिथि) 24/05/21 Time of Treatment (उपचार का समय) 10 AM Age (उम्र) 34 Y Sex (लिंग) M
Assistant Doctor (सहायक उपचारक) Dr. Rachana.
Doctor Incharge (संचालक उपचारक) Dr. Bhawna Wadhwa.
Treatment end Date (उपचार समाप्ति तिथि) 31/05/21 Time End Of Treatment (उपचार का समय समाप्त) 5 PM
Operation (If Any) NO
Procedure (प्रक्रिया) Panchkarma Treatment
Diagnosis (रोग निश्चय) Acute lumbago
Address & Phone No. (पता एवं फोन नं.) HNO-110, Jara Bati, Patra Dist-Patyalah
Punjab (9815371528)

Result	Cured/Relived	Investigation Only	Expired

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

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Divya Upchar Sansthan) at my own and I am ready for the medical system treatment. I am giving my concern after understanding benefit and out come of treatment the information given by me are absolutely correct.

मैं अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (आ यूनिट ऑफ दिव्य उपाचार संस्थान) डे केयर में भर्ती हो रहा/रही हूँ। मैं तैयार हूँ मेरे साथ होने वाली 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) 24/05/21
Signature (हस्ताक्षर) Mukesh

Attendant (प्रत्यक्षी)

Relationship with Patient

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirpur-140603

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 स्टाइक, लॉक आउट, वॉटर , टेलीफोन , बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई जिम्मेदारी 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 जिम्मेदार नहीं होगा ।
5. रिसेप्शन पर लिखित में सुझाव/शिकायतें दी जा सकती हैं ।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि । चैक नहीं लिया जाता है ।

Dated (दिनांक) 24/5/21

Signature (हस्ताक्षर) Makas

Relationship of Patient (रोगी से सम्बंध) self

Witness(प्रत्यक्षी)

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Lochan Sansthan)
Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirakpur-140603

Prakurti Chart Form

UHID: 8521

Room No. 2

Date: 24/05/21

Kindly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind body type.

	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-term 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
Physical Profile			
Eating speed	☐ Quick	☐ Medium	☒ Slow
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 or 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

Vata type Dry to rough skin, insomnia, constipation, fatigue, headaches, intolerance of cold underweight or losing weight anxiety, worry, and restlessness, attention deficit with hyperactivity disorder.

Pitta type Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.

Kapha type Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to cold air of hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after traveling or exercise should be not taking and panchkarma treatments.
12. Avoid coitus during treatment period.
13. Take proper rest during and after treatment.
14. During treatment patient should be kept on light and hot diet.

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Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Mr. Mukesh Kumar Age(आयु) : 34Y Sex(लिंग) : M

OPD : 5003 UHID No : 8521

Address /पता : HNO - 110, Jora Basti Palan Dist: Patiyala

Phone No./ फोन नं. : 9815371528 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम : Dr. Bhawana walia.

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 ? इलाज के दौरान आपने कैसा अनुभव किया ?	Nice	
7.	Did you have confidence and trust in the staff ? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?		NO
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 : Jan 12

Signature (Clinic Authority)

Signature (Patient/Guardian)

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Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Panchkarma Consent

UHID: 8521 OPD: 5003 Room No. 2 Date: 24/05/21

Patient's Name (रोगी का नाम) Mr. Mukesh Kumar
 Father's/ Husband's Name (पिता/पति का नाम) Shri Pawan Kumar
 Date (दिनांक) 24/05/21 Age (उम्र) 34y Sex (लिंग) M
 Address & Phone no. (पता एवं फोन नं.) Relif in pain, swelling, stiffness
 Risk (जोखिम) Kali Basti - PPS, Abhyanga - skin allergy, Basti - Loose stool
 Alternative (विकल्प) Kali Basti - PPS, Abhyanga - Tallo Basti dharen
 Basti - Sijathi or Trifla Kwath Basti

हम हमारी चैरेपी के बारे में पूर्णतः बता दिया गया है एवं चैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

जैसे :- घुटनों में सूजन ☐ झनझनाहट ☒
 पैरों में दर्द ☐ अकड़न ☐
 पेट में भारीपन ☐ सुन्नपन ☐
 कमर में दर्द ☒ उल्टी ☐
 दर्द में वृद्धि ☒ दस्त ☐
 बुखार आना ☐ बी.पी कम होना ☐

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

> चैरेपिस्ट का नाम Pawan Kumar चैरेपिस्ट हस्ताक्षर Pawan
 > डाक्टर का नाम Dr. Rachana रोगी के हस्ताक्षर Mukesh
 > प्रत्याक्षी self दिनांक 24/05/21

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

Swelling in Joints ☐ Tingling sensation ☐
 Pain in Legs ☐ Tenderness ☐
 Tenderness in abdomen ☐ Numbness ☐
 Backache ☐ Vomiting ☐
 Increase pain ☐ Loose motion ☐
 Fever ☐ Decrease B.P ☐



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

> Therapist's Name: _____ Therapist's Signature _____
 > Doctor's Name _____ Patient's Signature _____
 > Witness _____ Date _____

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UHID 8521 OPD 5003 Room No. 2 Date 24/05/21

PROCEDURE

I Mukesh Kumar W/o, S/o, D/o Shri Pawan Kumar
R/O H.NO-110, Jera Basti, Patra Diss - Patiyala Patkai,
Date of Admission 24/05/21 Age 34y Sex M
Has been clearly explained about the Procedure Kali Basti, Basti, Abhyanga
By Dr. Blawana waliya.

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 पिता/पति का नाम पता
..... (दिनांक) उम लिंग

डॉ 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) Mr. Mukesh Kumar,

Signature (हस्ताक्षर) Mukesh

Date (दिनांक) 24/05/21

Place (स्थान) Zirakpur.

Witness (प्रत्यक्षी) self

Doctor's Name (चिकित्सक नाम)

Signature (हस्ताक्षर)

Date (दिनांक) 24/05/21

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Shuddhi Ayurveda Panchkarma Clinic

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(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

UHID: 8521 OPD: 5003 Room No: 1 Date: 24/05/21

PROCEDURE

Patient's Name (रोगी का नाम) Mr. Mukesh Kumar.
Father's/Husband's Name (पिता/पति का नाम) Shri Pawan Kumar.
Date (दिनांक) 24/05/21 Age (उम्र) 34 Y Sex (लिंग) M.
Procedure Perform (प्रक्रिया) Kati Basti ABasti Abhyangam.
Provisional Diagnosis (रोग निश्चय) Acute lumbago
Final Diagnosis (रोग विनिश्चय) Acute lumbago
Doctor Name (चिकित्सक नाम) Dr. Bhawna walia.
Therapist Name (सहायक नाम) Pawan Kumar.

Details of Therapy :

Kati Basti → Mahanarayana oil For 8 days For 35 min.
Anuwashan Basti Mahanarayana oil (60ml) For 8 days For 15 min.
Abhyangam + steam Dhanwantram oil For 8 days For 45 min.

Doctor's Name (चिकित्सक नाम).....

Date (दिनांक).....

Signature (हस्ताक्षर) 24/05/21

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UHID 8521

OPD 5003

Room No 2

Date 31/05/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Mr. Mukesh Kumar Age (उम्र) 34 Sex (लिंग) M

W/o, S/o, D/o (पिता/पति) Shri Pawan Kumar

Address (पता) HNO-110, Jara Basti Patra Diss - Patiyala

Treatment Start Date (उपचार प्रारंभ दिनांक) 24/05/21 End Date of Treatment (उपचार की अंतिम तिथि) 31/05/21

Treatment Start Time (उपचार प्रारंभ समय) 10 AM Treatment End Time (उपचार समाप्ति समय) 5 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Bhawana Walia

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

10/ severe Back Pain
10/ unable to stand and
more.
10/ Pain radiating to
R. leg severe R48°

Past Medical History (पुराना चिकित्सा वृत्तान्त) NO

Family History (कुटुंब वृत्तान्त) NO

Pain Scale - 10/10

VitaParameters

B.P 120/80
P/R 92/M
SUGAR 18/mg.
WEIGHT 65 kg.
HEIGHT 5.2 FF

MENSTRUAL HISTORY

Astha Sthana Pariksha

1. NADI 44/120
2. MALA Normal
3. MUTRA clear
4. JIWAH Coated
5. SHABDA clear
6. SPARSHA warm
7. AKRUTI Normal
8. DRIKA Normal

Dash vidha Pariksha

- 1) Prakruti Pitta
- 2) Vikruti MO
- 3) Sara Normal
- 4) Samhana Normal
- 5) Pramana Normal
- 6) Satmya Normal
- 7) Satva Ahar
- 8) Agni madhy
- 9) Vaya
- 10) Bala

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INVESTIGATION EXAMINATION (जांच)

X/O

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

Δ Acute lumbar
Kati Bosti
A Bosti
Abhyanga.

LAST ADVISE ON DISCHARGE (आहार निर्देश)

Diet as Advice.

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. 9313666675 / 9313666673

- A) Pain
B) Swelling
C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Tab Shoolhi Pain 1-0-1 with water BD (AF)

Tab Bheratrat Chintamani Ras 1 tab ED with milk

Sup Mahavastrikharsha Kurathi 4-0-4 (AF)

Dr. Name.....

Sign.....

1 Day of rest
Shuddhi Ayurveda & Panchkarma Clinic
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PAIN SCORING CHART

UHID: 8521

IPD: 00263

OPD: 5003

Name: Mr. Mukesh Kumar

Age: 34y

Sex: M

Consultant: Dr. Bhavendra Waliya

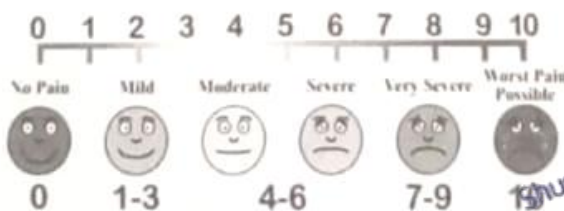
Date of admission: 24/05/2021

Before Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1	10AM	24/5/21	Pawan	10/10
2	10AM	25/5/21	Pawan	10/9
3	10AM	26/5/21	Pawan	10/8
4	10AM	27/5/21	Pawan	10/7
5	10AM	28/5/21	Pawan	10/6
6	10AM	29/5/21	Pawan	10/4
7	10AM	30/5/21	Pawan	10/3
8	10AM	31/5/21	Pawan	10/2

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1	5PM	24/5/21	Pawan	10/10
2	5PM	25/5/21	Pawan	10/9
3	5PM	26/5/21	Pawan	10/8
4	5PM	27/5/21	Pawan	10/7
5	5PM	28/5/21	Pawan	10/6
6	5PM	29/5/21	Pawan	10/4
7	5PM	30/5/21	Pawan	10/2
8	5PM	31/5/21	Pawan	10/2





Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

VITAL CHART

Patient Name Mr. Mukesh Kumar Gender M DoA 24/05/21 UHID No. 8521

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
24/05/21 10 AM	65kg	98.5 F°	120/80	90/M	19/M	10/10	Pawan
24/05/21 5 PM	65kg	98.6 F°	130/80	90/M	20/M	10/10	Pawan
25/05/21 10 AM	65kg	98.6 F°	120/80	90/M	20/M	10/9	Pawan
25/05/21 5 PM	64.8kg	98.4 F°	120/80	88/M	20/M	10/9	Pawan
26/05/21 10 AM	64.8kg	98.9 F°	120/80	90/M	20/M	10/8	Pawan
26/05/21 5 PM	64.8kg	98.6 F°	120/80	82/M	20/M	10/8	Pawan
27/05/21 10 AM	65kg	98.7 F°	120/80	90/M	18/M	10/7	Pawan
27/05/21 5 PM	65.1kg	98.4 F°	120/80	90/M	18/M	10/7	Pawan
28/05/21 10 AM	64.5kg	98.6 F°	120/80	90/M	20/M	10/6	Pawan
28/05/21 5 PM	64.5kg	98.6 F°	110/80	90/M	20/M	10/6	Pawan
29/05/21 10 AM	64kg	98.5 F°	120/80	80/M	20/M	10/4	Pawan
29/05/21 5 PM	64kg	98.5 F°	120/80	80/M	20/M	10/4	Pawan
30/05/21 10 AM	64kg	98.7 F°	120/80	90/M	18/M	10/3	Pawan
30/05/21 5 PM	64kg	98.5 F°	120/70	82/M	18/M	10/2	Pawan
31/05/21 10 AM	63.7kg	98.6 F°	120/80	88/M	18/M	10/2	Pawan
31/05/21 5 PM	63.5kg	98.5 F°	120/80	90/M	18/M	10/2	Pawan

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Shimla Highway, Baltana, Zirkipur-140603

Covid-19 Mandatory Self Declaration Form

Name : Mr. Mukesh Kumar Date : 14/07/2021
 Address : H.No-116, Jara Basti, Patra, Distt: Patiala
 Age : 34y Contact Number : 9815371528 Gender : M/F
 OPD : 5003 IPD : 00263 UHID : 8521

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Shuddhi Ayurveda Panchkarma (A Unit of Divya Upchar Sansthan) Clinic 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?
yes
- 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.
NO

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 the same from happening but I will not at all hold Doctors and clinic staff accountable if such infection occurs. I will hold myself responsible for the same.

Mukesh Kumar

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Shuddhi Ayurveda Panchkarma Clinic

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(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Daily Medication Schedule

UHID: 8521 OPD 5003 Date: 24/05/2021

Patient Name: Mr. Mukesh Kumar DOA: 24/05/2021

Allergies: Nothing

Consultant: Dr. Bhawana Wadliya

PERSONAL MEDICATION RECORD

Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:

NAME OF DRUG	DOSE	DATE	TIME OF DRUG							
Tab Shuddhi	2BD	24/05/21	8AM							8PM
" Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"
Tab Shuddhi	2BD	25/05/21	"							"
Tab Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"
Tab Shuddhi	2BD	26/05/21	"							"
Tab Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"
Tab Shuddhi	2BD	27/05/21	"							"
Tab Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"
Tab Shuddhi	2BD	28/05/21	"							"
" Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"
Tab Shuddhi	2BD	29/05/21	"							"
" Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"
Tab Shuddhi	2BD	30/05/21	"							"
" Pain	2BD		"							"
Syp Maharashtra	4TSP		"							"

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirpur-140603



Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Charges Concern Form

Name (नाम): Mr. Mukesh Kumar DOA (मर्ती की तारीख): 24/05/21
Age (उम्र): 34y Sex (लिंग): M UHID: 8521 OPD: 5003
W/O, S/O, D/O (पिता/पति): Shri Pawan Kumar Day Panchkarma: 8 Days.

Consultant Name (चिकित्सक नाम): Dr. Bhawna Weliya.

Provisional Diagnosis (रोग निश्चय): Sex Back Pain

Final Diagnosis (रोग विनिश्चय): Severe Back Pain

1. Procedure details (प्रक्रिया विवरण): Palyagan, Kati Basti, Basti

2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क):

3. Nursing Charges (नर्सिंग शुल्क):

4. Package Charges Procedure wise

A: Palyagan 1500 x 8 = 12000/-
B: Kati Basti 800 x 8 = 6400/-
C: Basti 2000 x 8 = 16000/-
D:

E:

5. Doctor Fees (चिकित्सक शुल्क):

6. Medicine (approx) costing: 200 x 8 = 1600/-

7. Consumable (approx) charges:

8. Accessory (approx) charges:

9. Diet Charges (आहार शुल्क):

Total Estimated Package Rs. 36000/-

Mukesh
Patient Signature

Receptionist Signature

24/05/21
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UHID: 8521

OPD: 5003

Room No: 2

PH No. 9041790101

PROGRESS NOTES

24/05/2021
10 AM

C/S/B Dr Bhawanawalia.

C/o severe back pain
C/o unable to move and stand
C/o pain radiating to leg / 2 days

Pain Score (10/10) SLR (R) 45°
L 60°

B/P - 120/80

P/R - 90/M.

Tem - 98.5F

CSS

Plus.

Adv

Kati Basti - Mahanarayana tailam

Abhyanga - Dhanwantaram tailam

Basti - Mahanarayana tailam

Tab Shudhi Pain 1-0-1 BD
Tab Pain Cure 1-0-1 BD | with warm water
Syrp Maharashtraadi Kaurithi 4-0-4 TSP

24/05/2021
5 PM.

Pain (10/10)

C/o severe back pain

C/o unable to move and stand

Adv
CST

B/P - 130/80

P/R - 90/M.



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UHID: 2521

OPD: 5003

Room No. 2

PH No. 9041790101

PROGRESS NOTES

25/05/2021
10 AM.

C/S/B DE Bhawna wahiya
C/O severe Back Pain
C/O unable to move and stand
C/O Pain Radiating to (R) Leg

B/P - 120/80

P/R - 90/M

RR - 20/M

Check.

Adm

Pain (10/4)

- Kati Basti
- Abhyanga.
- Basti

25/05/2021
5 PM

C/O severe to moderate pain
C/O unable to move and stand.
C/O Pain Radiating to (R) Leg

B/P - 120/80

P/R - 88/M

P/R - 20/M

Chest B/L

Adm
CST

Pain
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PROGRESS NOTES

26/05/2021
10 AM.

Pain - (10/8)

B/P - 120/80

P/R - 90/M

PR - 20/M.

chest Ben.

C/S/B Dr Bhawana walia

C/O Moderate to severe Back Pain

C/O Pain Radiating

~~Adv~~

Kati Basti

Abhyanga.

Basti

26/05/2021

5 PM

Pain - (10/8)

B/P - 120/8

P/R - 90/M.

P/R - 82 M.

C/O Severe Pain low back

C/O Pain Radiating

~~Adv~~

CST

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PROGRESS NOTES

27/05/2021
10 AM

Pain (10/7)

B/P - 120/80

PIR - 90M

PIR - 18/M

Chest B.

CST

C/S/B Dr Rachna

C/O Moderate to severe Back Pain

C/O Now Able to move

C/O Pain Radiating to R Leg.

Adv

Kaeti Basti

Basti

Abhyanga.

? Acute Amblyopia

27/05/2021
5 PM

B/P - 120/80

PIR - 90/M.

PIR - 18/M.

CST

Pain (10/7)

Adv

CST



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PROGRESS NOTES

28/05/2021
10 AM

Pain (10/6)

B/P - 120/80

PR - 90/M

PR - 20/M

Chest

C/S/B Dr. Bhawna waliya
c/o moderate to severe Back Pain
c/o Able to move
c/o Pain Radiating to R leg.

Adv

- Kati Basti
- Basti
- Abhyanga

28/05/2021
5 PM

B/P - 110/80

PR - 90/M

PR - 20/M

Pain (10/6)

c/o Moderate to Severe Back Pain
c/o Pain Radiating to R leg.

Adv

CST

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PROGRESS NOTES

29/05/2021
10AM

Pain - (10/4)

B/P - 120/80

P/R - 80/M

P/R - 20/M

Chest Back.

C/S/B Dr Pachana.

C/O Medicated to semi Back Pain.

C/O No able to walk

C/O Pain from to R Leg.

Adv

- Kati Basti
- Basti
- Abhyanga.

29/05/2021
5PM

B/P - 120/80

P/R - 80/M.

P/R - 20/M.

Chest

Pain - (10/4)

C/O semi Back Pain.

C/O Able to move

C/O Pain Radiate to R Leg.

Adv

- Kati Basti
- Basti
- Abhyanga.



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OPD: 5003

Room No: 2

PH No. 9041790101



PROGRESS NOTES

30/05/2021
10 AM

C/S B Dr Bhawana walia

△ Acute lumbago

Pt Feels Better

Pain mild Lower Back

Pain Radiation ↓

Able to move

Pain (10/2)

B/P - 110/70

P/R - 82/M

P/R - 18/M

Ch.

Adv

• Kati Basti

• Basti

• Ashyaglen

31/05/2021
5 PM

C/S B Dr Bhawana walia

Pt Discharge today

△ Acute lumbago

Tab Shuddhi Pain 2-0-2 BD
Tab Behat vet chintamani
Sup Maharashtra

B/P - 120/80

P/R - 90/M

P/R - 18/M

Pain - (10/2)

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BD.