



OREGANO LIFE PVT LTD.

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📍 11, Krishna Kunj, Main Market, Near Lovely Public School,
Laxmi Nagar, Delhi - 110092
☎ +91-99834-08618 / +91-94140-93327
📄 GST NO :- 07AADCO2760R1ZX / CIN NO :- U74999DL2020PTC170758

NC03/ COP 5E: A brief note was not documented prior to transfer of patient from Panchakarma procedure room

- As you said in above NC, we have accordingly mentioned a note of patient transfer procedure in the attached case sheet.

G. Mohan
22-12-2022
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Main Market, Laxmi Nagar,
East Delhi-110092



Dr. Himanshu Verma
BAMS, D.A.K, D.P.C (Ayurvedacharya)

UHID - 060746
OPD - 06/06/756

UHID No.: 060746

Age: 46 Sex: M

Date: 1/12/23

Time: 12:00 PM

ORTHO CARE

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

Name: Mr. Surinder Kumar

W/o, D/o, S/o: Mr. Vijay Kumar

Chief Complaint

History

Menstrual History

N/A

Diagnosis:

अष्टविध

परीक्षा

स्पर्श रुधिर

शब्द (N)

Face (आकृति) (N)

Eye (दृष्टि) (N)

Jiwha (जिह्वा) (N)

Urine (मूत्र) (N)

Stool (मल) (N)

Nadi (नाड़ी) Vata, Pitta

(Dash Vidha)

1. Prakriti Vata, Pitta

2. Vikriti Vata, Kapha

3. Sara Madhyam

4. Samhana Madhyam

5. Pramana Madhyam

6. Satmya Madhyam

7. Satva Madhyam

8. Aahar Shakti Madhyam

9. Vaya Madhyam

10. Vyayam Shakti Madhyam

PANCHKARMA

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

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)

Vitals:

B.P.: 126/84 mmHg P-80 bpm

Weight: 84 kg

Height: 5'8 ft

Multiple lesion occur on whole body; Reddish in colour, scaly appearance, Itching, Discharge on and off. Multiple lesion occur on whole body from last 6 months.

4. Multiple lesion over whole body since 16 months

Ash

① Deepan Panchan x 3 days

Sama vati - 1 - 7 tabs

morning - evening in warm water

② Snigdhpan in mahatikta ghrut.

Day ① = 30 ml.

Day ② = 60 ml.

③ = 90 ml.

④ = 120 ml.

⑤ = 150 ml.

⑥ = 180 ml.

③ Abhyanga in Mahanaryan oil

④ Virechan in Trivaid Anlek (50 gm)

Dr. HIMANSHU VERMA
B.A.M.S., D.A.K., D.P.C.
Reg No. DBCP/A/8821

NEXT CONSULTATION DATE:

Doctor Signature & Stamp

Desired outcome of procedure.

- ① Redness should reduced
- ② Itching reduced but mild relief
- ③ Scaly lesion - Reduced slightly.
- ④ Discharge - Absent
- ⑤ Smell - Reduced
- ⑥ Size of patches - reduced

- Medicine:
- ① Charan rag Vati 1 sb morig - every after meal & warm water
 - ② Skin cure tabs 1 sb morig - every after meal & warm water
 - ③ Emoderin - 2-2 - 1st 4 8-10 30 4th 40 5th 40.

Procedure Details.

- ① Deepan pachan & sama Vati.
- ① Benifits :- Vatanulomana, Aam pachan, Deepan, Pachan
- ② Risk factors :- Addoman, Atisar.
- ③ Management :- Kutaj ghavati, Aripatti kar churna.

- ① Smushpan
Mahabiktaghrita (morig 9-10 clock) empty stomach. After that drink lukewarm water untill shudh edges comes.

- ② Risk :- Shirashool. Bhruu
Angmaad chardi
Kluma Pichika
Murcha Atisar
Trishna kandu.

- ③ Management :- Stop ghit pan, warm water
- Start shaman chikitsa
- Increase of morche, Daan & trishna
- Start using cold water.

Abhyanga :- Mahanaryan oil + Baspa smel

Benifit :- Vadhya, klesh shatva, Dek mardanta

Risk :- Rashes, Allergy, Burn.

Management :- Tail Dhara, Application of shat dant ghit.
- Vinichara :- Trivanta Avaleh.

Risk :- ① Addoman.

management :- Anuvasana, Nimba, Bark.

- ② Parikantika :- Pichka Bati.

- ② Parizrawar :- Kutaj ghavati, Nagkesha churna

- ④ Angraak :- Abhyanga, Suroda vat kar chikitsa.

- ⑤ Heridighat :- Deepan, Pachan Vatanulomana

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Healing with Ayurveda Panchkarma

11, Krishan Kunj, Main Market, Laxmi Nagar, Delhi 110092

VIRECHANA KARMA (विरेचन कर्म)

UHID: 020746 OPD: 01/08/2023 IPD No: - Date: 01/08/2023

Name: Surender Kumar Age: 46 Sex: M
Procedure: Deepan Pancham, Snehpan, Abhyangam, Virechan
Prakriti (प्रकृति): Vat Vyadhi (बिमारी):
Agni (अग्नि): Madhyam Avastha (स्थान): Sama/Nirama (साम निराम)
Koshtha (कोष्ठ): Dosha (दोष):
Akruti (आकृति): Vat/Kaph Dushya (दुष्या):
Bala (बल): Srotodushti (स्रोतों दुष्टि):
Anupana (अनुपान): Panchana (Days/Durg)(पाचन)

Poorvakarma Pachana Season -

Pulse (पल्स): 80 per minute

BR. (ब्लड प्रेशर) - 126/84 mmHg

RR. (श्वास गति) -

WT. (भार): 84 kg

Lab Investigation: (In case of Hyperlipidemia, CAD, NIDDM etc.)

Complete Lipid profile

FBS & PPBS

	1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	6 th Day	7 th Day
Dose of Sneha: (मात्र):	30ml	60ml	90ml	120ml	150ml	180ml	
Time of intake : (समय):	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	

Symptoms during the digestion of sneha:

Symptoms	1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	6 th Day	7 th Day
	O R	O R	O R	O R	O R	O R	O R
1. Headache (सिरदर्द):	.	✓	4pm 6pm				

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ness (चक्कर):

Salivation (मुख में पानी)

ना):

4. Fainting (भिहोशी):

5.Weakness (कमजोरी):

6.Tiredness (थकावट):

7. Thirstyess (प्यास):

8. Burning sensation (जलन):

9.Lassitude (आलस):

(O-Onest time R-remission time)

Symptoms of digestion of Sneha (note the time of appearance of each symptom):

Lakshana	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day
Lightnes (लघुता):	3pm	3:30pm	3pm	2pm	2:30pm	1:30pm	
Vata Anulomana (वात का अनुमोल):	3:30pm	4pm	3:30pm	2:30pm	3pm	2pm	
Hunger (भुख):	4pm	3:30pm	3:30pm	2pm	2pm	2pm	
Clear belching (उगदार शुद्धि):	2:30pm	2pm	2pm	1:30pm	1pm	1pm	

Time taken for the digestion of Sneha..... hours

Adequate s Symptoms of Oleation

No.	Symptoms	1 day	2 day	3 day	4 day	5 day	6 day	7 day
1.	Vata Anulomana (वात का अनुमोल):	✓	✓	✓	✓	✓	✓	
2.	Lightness of abdomen (पेट का हल्कापन):				✓	✓		
3.	Hunger (भुख):	✓	✓	✓	✓	✓	✓	
4.	Consistency of stool (मल की अवस्था) :	✓	✓					
5.	Oiliness of stool (मल में स्नेहता):			✓	✓	✓	✓	

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	Lightness of body (लघुता स्नेहता):				✓	✓	✓	
7.	Softness of body (शरीर का मुलायम होना):			✓	✓	✓	✓	
8.	Oiliness of skin by blotting paper (त्वचा की स्नेहता):				✓	✓	✓	
9.	Aversion to fat intake (तैलिय पर्दारथों की इच्छा न होना)	✓	✓	✓	✓	✓	✓	

Oleation: adequate/Inadequate/excessive
Complication if any:

Diet:-

- ✓ (1) Hot Diet, soups, khichdi, daliya, Prailed veg., rice, water, only,
- ✓ (2) Hot water intake for Whole day.
- ✓ (3) Avoid too hot & cold.
- ✓ Avoid direct exposure to cold weather.
- ✓ Avoid excessive Talking, of walking.
- ✓ Avoid Conception during snehpana.
- ✓ Avoid Day sleep.
- ✓ Take night sleep properly.
- ✓ Relax your body & mind during ghritpan.

Treatment given:

Pulse(पल्स): 86 Per minute

BR.(ब्लडप्रेशर): 112/70 mmHg

RR.(श्वासगति): 17 Per minute

WT.(भार): 56.8 Kg

Lab Investigation: (In case of Hyperlipidemia, CAD, NIDDM etc.)

Complete Lipid profile

FBS & PPBS

Massage & sudation: On rest day Abhyangam & Mahanarayana oil

Pardhan karam(प्रधान कर्म):

Previous experience of Virechana Vamana Dravya: Formulation Tirmil aur leh usogul

Date (दिन):

Time of administration (समय): 9:45 AM

Anupana (अनुपान): Daraksha Kwath

Atur Paricarya and Niriksha

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Himash

	Time (समय)	Stool (मल)	Bile (बाइल)	Mucus (बलगम)	Froth (झाग)	Colour (रंग)	Nature of bowel (आंत्र की प्रकृति)	Other Symptoms
1	10:35 AM	Hard	+	+	-	Brown		
2	10:56 AM	Hard	+	+	-	"		
3	11:15 AM	Sluggish	+	+	-	Yellow		
4	11:25 AM	Sluggish	-	+	-	"		
5	11:40 AM	Sluggish	-	-	-	"		
6	11:52 AM	Loose	-	-	-	"		
7	12:10 PM	Loose	-	-	+	Light Yellow		
8	12:40 PM	Loose	-	-	+	"		
		Loose	-	-	+	Clear		

Onset of vega	Time period between two vega	Antime vega kala [last bout time]
10:35 AM	20-40 min	12:4 PM

Vagiki shuddhi (वागिक शुद्धि) Madhyam

Antiki shuddhi (अंतिकी शुद्धि) :- Malanta / pittanata / Kaphanta / Vatanta

Laingiki shuddhi (लिंगिकी शुद्धि) Madhyam

Symptoms of proper purgation: Score

1. Vit-Vitta- Vata Kramashan Nissarana (वित-वित्- वात कर्मशं निसारं)
2. Vatnulomana (वातनुलोमना) ✓
3. Laghuta Nabhithane (लगुता नाभितां) ✓
4. Indriya prasada (इन्द्रिया प्रसाद) ✓
5. Manasa Tushti (मानसा तुष्टी) ✓
6. Agni Vridhi (अग्नि वृद्धि) ✓
7. Anamayatva (अनामयत्व) ✓

Other

Patient feeling fresh & light

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Vaman/ Virechana : Samyak/Ayoga/ Atiyoga

Type of Shuddhi : Best / Moderate/ Poor

Vyapad (If any): no

Chikitsa :

Pulse(पल्स):..... 85 / min

BR..(ब्लडप्रेसर):..... 120/85 mmHg

RR..(श्वासगति) :..... 16 / min

WT (भार):..... 56.8 Kg

Lab Investigation :(In case of Hyperlipidemia,CAD,NIDDM etc.).....

Complete Lipid profile.....

FBS & PPBS X

Massage & Sudation: On rest day Done

Adequate symptoms of sudation Present

Utkleshana Ahura & Quantity:..... Dahi, Bhalla, Heavy food

Vamana purva lakshana.....

Nidra (नीद): 8 hrs	Udarstithi (डकार आना): 10-12	Bowel (पेट की सफाई): 1-2
Urine (मुत्र): Normal	B.P (ब्लडप्रेसर): 120/85 mmHg	Pulse (पल्स): 85 / min
Respiration: (श्वास): Normal	Temp. (तापमान): 98.1 F	Weight (भार): 56.8 Kg
Snehana:स्नेहन	Svedita:(पजिवा आना)	Any (अन्य):

Pardhan karam (प्रधान कर्म)

BP(ब्लडप्रेसर):..... 120/85 mmHg

RR..(श्वासगति):..... 16 / min

WT(भार):..... 56.8 Kg

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INITIAL ASSESSMENT FORM

DATE: 1/12/22 UHID No: 020746 OPD No.: 02/0P/756

PATIENT NAME: Surender Kumar S/W/D Name: Vijay Kumar PHONE No: 9826715700

PATIENT HISTORY:

ADDRESS (Province-District): B-126 Ganesha Nagar Delhi - 110018

PATIENT AGE: 46	F	M	Diagnosis: Sandhivata and Shiroshool
1. Civil Status	Single	Married	Number of children: 0
2. History of the trauma/illness	Date:	Circumstances/Etiology:	
Associated diseases: No			
3. Medical History/Treatment	Hospital:	Care:	
Evolution since the beginning	Improved	Worse	Remarks:
Medication: Tab. ulthant & B.D Tab. Gabapentin & B.D		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-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	☒	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	☒	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

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Remarks:

Date

1/12/22

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
Tea	Roti + Sabji	Dal + Rice	Milk

PANCHKARMA TREATMENT PLAN

POORVA KARMA

Days Medicine	Rx Cap - Gp. Flax - X B.D 1 Cap morning evening - Tab Vata has Vati X B.D after meal & water
Risk, Benefits	1 Tab - morning evening after meal & water
Next follow up advice	- Cap J.S. Bala X B.D 1 Cap morning evening after meal & water
Next follow up date	

PRADHA KARMA

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

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PASCHAT KARMA

Days Medicine	
Risk, Benefits	

Score
Functional Evaluation:

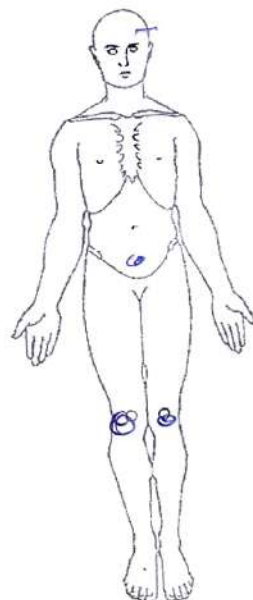
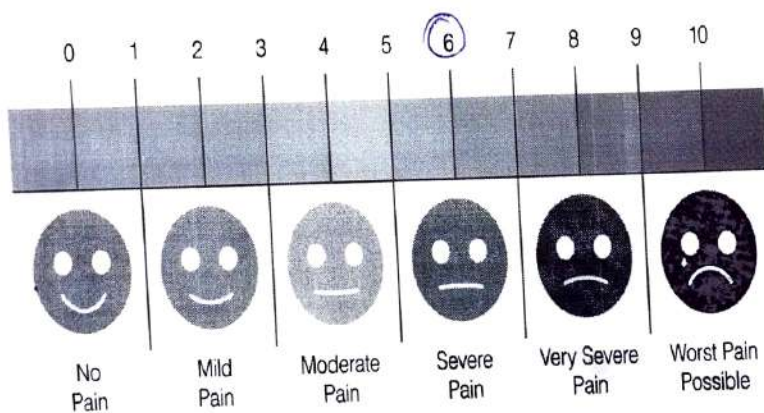
Balance disorders

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

1/12/22

Next Follow Date

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Examination Assesement

VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श (N)	1/12/22			Hinash	
2.	शब्द (N)	"			Hinash	
3.	Face (Akruti) (N)	"			Hinash	
4.	Eye (Dirka) (N)	"			Hinash	
5.	Jiwha (N)	"			Hinash	
6.	Urine (N)	"			Hinash	
7.	Kastho (Stool) (N)	"			Hinash	
8.	Nadi (वात, पित्त, कफ)	"			Hinash	

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti (N)	1/12/22			Hinash	
2.	Vikruti (N)	"			Hinash	
3.	Sara (N)	"			Hinash	
4.	Samhana (N)	"			Hinash	
5.	Pramana (N)	"			Hinash	
6.	Satmyaō (N)	"			Hinash	
7.	Satva (N)	"			Hinash	
8.	Aahar Shakti (N)	"			Hinash	
9.	Vaya (N)	"			Hinash	
10.	Vyayani Shakti (N)	"			Hinash	

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NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Suresh Kumar Date: 7/12/22
UHID No: 020746 Age: 46 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

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Explain about

Appetite: Good

Food habits: Normal

Daily working hours: 6 hours

Exercise: if heavy

Job profile: working

Height: 5'4 ft

Weight: 70 kg

Breakfast - चावल, दही
Lunch - रोटी, सब्जी
Dinner - दाल, चावल

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 - दही, पनीर, मूंग, चने

दूध - उपमा, पोहा, चिचड़ी, दहीया

अपशु - चावल, पनीर, सब्जी, दाल

विहार - ज्यादा बाहर न चलें

Doctor Signature

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H. Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092

Patient Signature

(Signature)

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COVID-19 MANDATORY SELF DECLARATION FORM

Name: Suresh Kumar Age: 46 Gender: M/F M
Date: 8/12/22 Contact Number: 9826715700
Address: B-126 Ganesha Nagar Delhi 110018

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 it from happening but I will not at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

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Delhi-110092

Signature

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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No: 010746 OPD No: 0108/756 IPD No: Date: 1/12/22

Patient Name (रोगी का नाम) Suresh Kumar Age (उम्र) 46 Sex (लिंग) M
Name of W/O, D/O, S/O (पता/पति का नाम) Vijay Kumar
Address (पता) B-196 Ganesha Nagar, Delhi 110018
Phone No (फोन नं.) 9826715700 Email (ईमेल)
Name of Doctor / डॉक्टर का नाम: Dr. Himavathi Vermana
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 ?		No
Your comments / आपके सुझाव			

Date: 1/12/22

Signature (Patient/Guardian)

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Main Market, Laxmi Nagar,
East Delhi-110092

Oregano Life Pvt. Ltd.
Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092
Signature (MD/MS)

Oregano Life Pvt. Ltd.

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NO LIFE

CHARGES CONSENT FORM

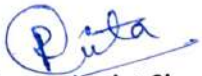
Name (नाम): Sunder Kumar DOA (भर्ती की तारीख): 1/12/22
Age (उम्र): 46 Sex (लिंग): M UHID No.: 020746 OPD No.: 0210P/756
W/O, S/O, D/O (पिता/पति): Vijay Kumar Day Panchkarma: 6 Days
Consultant Name (चिकित्सक नाम): Dr. Himanshu Verma
Provisional Diagnosis (रोग निश्चय): Urticaria
Final Diagnosis (रोग विनिश्चय): Urticaria
1. Procedure details (प्रक्रिया विवरण): Snehapana, Virechan, Abhyangam + Swed
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क): 500/-
3. Nursing Charges (नर्सिंग शुल्क): -
4. Package Charges Procedure wise
A: Snehapana x 6 days = 500 x 6 = 3000/-
B: Virechan x 1 day = 1000/-
C: Abhyangam Sweden - 1500 + 800 = 2300 x 3 = 6900/-
D: Sau Sargen Kaen (Consultation) - 1000/-
E: -
5. Doctor Fees (चिकित्सक शुल्क): -
6. Medicine (approx) costing: -
7. Consumable (approx) charges: -
8. Accessory (approx) charges: -
9. Diet Charges (आहार शुल्क): -

Total Estimated Package Rs.

12,400/-


Patient Signature

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East Delhi-110092


Receptionist Signature

Oregano Life Pvt. Ltd.

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ADMISSION & DISCHARGED RECORD (Day Care)

UHID No. 020746 OPD No. 02/08/256 Room No. 01 Date 11/2/22

Name of Patient (रोगी का नाम) Sunder Kumar

Name of Father / Husband (पिता/पति का नाम) Vijay Kumar

Date of Admission (उपचार की तिथि) 11/2/22 Time of Admission (उपचार का समय) 12:00 PM Age (उम्र) 46 Sex (लिंग) M

Assistant Doctor (सहायक उपचारक) N/A

Doctor Incharge (संचालक उपचारक) Dr. Himanshu Verma

Date of Discharge (छुटी की तिथि) 6/12/22 Time of Discharge (छुटी का समय) 1:00 PM

Operation (If Any) No

Procedure (प्रक्रिया) Snehapana, Virechan, Abhyanga + Sneh Sancharyan Ka

Diagnosis (रोग निश्चय) Verticosis

Address & Phone No. (पता एवं फोन नं.) B-126 Grasseh Nagar Delhi 110092

(Ph. No. - 9826715200)

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 day care basis at Oregano Life Pvt. 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 ऑरैगैनो लाइफ प्राइवेट लिमिटेड 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) 11/2/22

Attendent (प्रत्यक्षी) Self

Signature (हस्ताक्षर)

Relationship with Patient (रोगी के साथ सम्बंध) Self

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Conditions

- I have opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.
- 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.
- 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.
 - 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 .
 - Suggestions/complaints may be given in writing at the reception.
 - All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

- 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 |
- प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी |
- कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती है 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 जिम्मेदारी स्वीकार नहीं करता है
- 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 |
- रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है |
- सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चैक नहीं लिया जाता है |

Dated (दिनांक)..... 11/2/22

Signature (हस्ताक्षर).....

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

Witness(प्रत्यक्षी)..... Self

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ANO life

GENERAL CONSENT

UHID No. 020746 OPD No. 02/08/256 Room No. 01 Date 1/12/22

I. Surender Kumar W/o, S/o, D/o Vijay Kumar

R/O 8-126 Conch Nagar Delhi 110092

Date of Admission 1/12/22 Age Sex

Has been clearly explained about the Procedure Snehaan, Virechan, Abhyanga + Sirochikitsa

By Dr. Himanshu Verma

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 पितृ/पति का नाम पता (दिनांक) उम्र 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) Surender Kumar

Signature (हस्ताक्षर)

Date (दिनांक) 1/12/22

Place (स्थान) Delhi

Witness (प्रत्यक्षी) Self

Doctor's Name (चिकित्सक नाम) Dr. Himanshu Verma

Signature (हस्ताक्षर)

Date (दिनांक) 1/12/22

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ANO LIFE

PANCHKARMA CONSENT

UHID No. 020446 OPD No. 02/08/2022 Room No. 01 Date 11/12/22

Patient's Name (रोगी का नाम) Suresh Kumar Age (उम्र) 46 Sex (लिंग) M

Father's/ Husband's Name (पिता/पति का नाम) Vijay Kumar Date (दिनांक) 11/12/22

Address & Phone no. (पता एवं फोन नं.) B-126 Ganesha Nagar Delhi (98 26 7157 00)

Treatment Abhyanga + Sweden, Virechan, Snehpaan, Sarsanga Karm

Treatment Benefits (उपचार के लाभ) Patient get relief after therapy

Risk (जोखिम) Hot oil may cause burn, virechan can cause loose motion

Alternative (विकल्प) Apply Jatyadi oil, Use Kutoj ghar uesh

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
पैरों में दर्द
पेट में भारीपन
कमर में दर्द
दर्द में वृद्धि
बुखार आना

इनझनाहट
अकड़न
सुन्नपन
उल्टी
दस्त
बी.पी कम होना

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

Therapist's Name Hemant Therapist's Signature Hemant
Doctor's Name Dr. Himanshu Verma Doctor's Signature Hemant
Practitioner Self Date 11/12/22

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

Swelling in Joints
Pain in Legs
Tenderness in abdomen
Backache
Increase pain
Fever

Tingling sensation
Tenderness
Numbness
Vomiting
Loose motion
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 Virechan, Snehpaan, Abhyanga + Sweden, Sarsanga Karm

Therapist's Name Hemant Therapist's Signature Hemant

Doctor's Name Dr. Himanshu Verma Patient's Signature Hemant

Witness Self

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PROCEDURE CARE PLAN

UHD No. 020446 OPD No. 02/01/756 Room No. 01 Date 11/12/22

Patient's Name (रोगी का नाम) Sunder Kumar

Father's/Husband's Name (पिता/पति का नाम) Vijay Kumar

Date (दिनांक) 11/12/22 Age (उम्र) 46 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Abhyangam + Svedan + Virechan

Provisional Diagnosis (रोग निश्चय) Verticaria

Final Diagnosis (रोग विनिश्चय) Verticaria

Doctor Name (चिकित्सक नाम) Dr. Himanshu Verma

Therapist Name (सहायक नाम) Hemant

Details of Therapy :

- 1) Snehpaan - mahatikta ghni
- 2) Virechan - triphala Vlen (50gm)
- 3) Samsarjan Karm @ Home

- 4) Abhyangam - Sved & mahanarayana oil for 3 day in rest days - 3 days

Day 1 30ml
2 60ml
3 90ml
4 120ml
5 150ml
6 180ml

6 days

Doctor's Name (चिकित्सक नाम) Dr. Himanshu Verma

Date (दिनांक) 11/12/22

Signature (हस्ताक्षर)

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ANO life

F.H.NO.

DISCHARGE FILE

UHID No. 020746 OPD No. 02/08/22 Room No. 01 Date 7/12/22

Patient's Name (रोगी का नाम) Surender Kumar Age (उम्र) 46 Sex (लिंग) M

W/o, S/o, D/o (पिता/पति) Vijay Kumar

Address (पता) B-186 - Ganesha Nagar, Delhi 110092

Treatment Start Date (उपचार प्रारंभ दिनांक) 1/12/22 End Date of Treatment (उपचार की अंतिम तिथि) 6/12/22

Treatment Start Time (उपचार प्रारंभ समय) 12:00 PM Treatment End Time (उपचार समाप्ति समय) 1:00 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Himanshu Verma

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

Multiple lesion Occurs on whole body, Reddish colour, Scaly appearance, Itching

Past Medical History (पुराना चिकित्सा वृत्तान्त)

N/S

Family History (कुटुंब वृत्तान्त)

N/S

Pain Scale -

VITA PARAMETERS

B.P 120/80 mmHg

PULSE 78/min

SUGAR X

WEIGHT 56.8 Kg

HEIGHT 5'4"

MENSTRUAL HISTORY

N/A

ASTHA STHANA

1. NADI Vattoj, Pittaj

2. MALA (N)

3. MUTRA (N)

4. JIWA (N)

5. SHABDA (N)

6. SPARSHA RST

7. AKRUTI (N)

8. DRIKA (N)

DASH VIDHA PARIKSHA

1) PRAKRUTI Vattoj, Pittaj

2) VIKRUTI Vattoj, Pittaj

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 (जॉय)

N/A

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

A Verticaria

- 1) Snehpaan c Mahatikta ghril
- 2) Virechan c tonral Vlen (sogn)
- 3) Sansarayan Kan @ Home
- 4) Abhyanga + Swed c Mahanarayana oil

DIET ADVISE ON DISCHARGE (आहार निर्देश)

As per diet chart

Follow up (दोबारा कब आना है) After 15 days / SOS

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)

PH No. +8076993623

A) If Pain increases

B)

C)

2. Medicine After Discharge (औषधि छुटी के बाद)

Dr. Name

OREGANO LIFE PVT. LTD.

11, Krishna Kanti
Main Market, Laxmi Nagar,
East Delhi-110092

Date

3/12/23

VITAL CHART

oregano life

Patient Name: Sunder Kumar Gender: M DOA: 11/12/22 UHID NO.: 000746

[illegible]

PROGRESS NOTES

UHID No: 010746

OPD No: 02/08/756

Room No: 01

PH No. 8076993623

DATE: 1/12/22

TIME: 1:00 PM

B.P.: 120/70 mmHg

Pulse: 76/min

Temp.: 98.1°F

Pain:

C/O - Multiple reddish Patches
over whole body
Size 2cm x 3cm to 1cm
itching +
Scaly lesion
no Discharge

Deepen Patch along to Samavahi
Snehan from to day

- ① 30ml
- ② 60ml
- ③ 90ml
- ④ 120ml
- ⑤ 150ml
- ⑥ 180ml

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

Stop if Sanyuk Lakshana of
Sneh appears

1) Churna Sanyuk ①-①-100 mg
energ + 1ml heavy
milk

3) Peerocham - a - ②-② - कमच गुजगरे
पानी में मिलाने

Oregano Life Pvt. Ltd.

11, Krishna Kunj, Main Market, Laxmi Nagar, Delhi-110092

PROGRESS NOTES

UHID No: 020746

OPD No: 02/02/22

Room No: 01

PH No. 8076993623

DATE: 2/12/22

TIME: 1:05 PM

B.P.: 118/80 mmHg

Pulse: 71/min

Temp.: 98.5 F

Pain:

clo - G.C. fever
- Vital Stable
no fresh Complaint
Appetite (N)
Sleep Disturbed mild

Adv - C.S.T (ghari 60 ml)

After - Patient OK
no Complaint

Adv - C.S.T (ghari 90 ml)
Diet follow

Shivank

DATE: 3/12/22

TIME: 1:10 PM

B.P.: 117/90 mmHg

Pulse: 75/min

Temp.: 98.1 F

Pain:

clo - L.C. fever
vitals Stable

no fresh Complaint

Adv - C.S.T (ghari 90 ml)

After - Patient fine
vital OK

Adv - C.S.T (ghari 120 ml)
Diet follow

Shivank

OREGANO LIFE PVT. LTD.

11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092

Oregano Life Pvt. Ltd.

11, Krishna Kunj, Main Market, Laxmi Nagar, Delhi-110092

PROGRESS NOTES

UHID No: 020746

OPD No: 02/08/756

Room No: 01

PH No. 8076993623

DATE: 5/12/22
TIME: 1:15 PM
B.P.: 125/70 mmHg
Pulse: 80/min
Temp.: 97.9°F
Pain:

Clo - Gr. Clear
Vital's stab
no fresh Complaint

Sleep - (N)

Bowel - (N)

Adv C.S.T (ghrit 1 bowl)
After - No Complaint
Vital's stab

Adv - C.S.T
Diet follow
Throat

DATE: 6/12/22
TIME: 1:10 PM
B.P.: 118/80 mmHg
Pulse: 77/min
Temp.: 97.9°F
Pain:

Clo - Gr. Fair
Vital's stab
no fresh Complaint
Mild Headache

Adv - C.S.T (ghrit 1 bowl)

After - no. Complaint
Patient fine

Adv C.S.T
Diet follow

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PROGRESS NOTES

UHID No: 020746

OPD No: OL/OP/756

Room No: 01

PH No. 8076993623

DATE: 7/12/22

TIME: 11:05 PM

B.P.: 124/80 mmHg

Pulse: 79/min

Temp.: 97.8 f

Pain :

C/O - Vitals Stable
he feels
no fresh complain.

Adv C.S.T
After - Patient fine
no complaint
Vitals Stable.

Adv C.S.T
Diet follow.

Shiroh

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain :

Discharge Summary.
Patient Discharge From the Clinic

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

Shiroh



भारत सरकार
GOVERNMENT OF INDIA



खुशदिल प्रसाद जैन
Khushdil Prasad Jain
जन्म तिथि/ DOB: 04/07/1947
पुरुष / MALE



4222 2068 3811

MEERA AADHAAR, MERI PEHCHAN

10/11/2011
9711132661



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

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Dr. Karuna Prakash
(BAMS) Ayurvedacharya

(9313666680

ORTHOCARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

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

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Mr. Khushdel Prakash Jain

W/o, D/o, S/o: Lt. Shree K.S Jain

Chief Complain knee joint pain, tenderness, numbness, Pain in legs and Ti. & P

History Last 1 year Pain in knee joint.

Menstrual History

N/A

Diagnosis:

osteoarthritis and HTN q. Pain in B/L knee joint tenderness and numbness in legs
• Osteoarthritis and HTN

अष्टविध परिक्षा

स्पर्श (N)

शब्द (N)

Face (आकृति) (N)

Eye (दृष्टि) (N)

Jiwha (जिह्वा) (N)

Urine (मूत्र) (N)

Stool (मल) (N)

Nadi (वात, पित, कफ)

(Dash Vidha)

1. Prakrutii Vettej
2. Vikrutii Vettej
3. Sara Medhyen
4. Samhana Medhyen
5. Pramana Medhyen
6. Satmya Medhyen
7. Satva Medhyen
8. Aahar Shakti Medhyen
9. Vaya Shakti Medhyen
10. Vyayam Shakti Medhyen

Vitals:

B.P.: 136/80 mmHg

Weight.: 58 kg

Height: 5'4

RBS.:

Plan Panchakarma therapy.

- Abhyanga (Dhanwantneem oil) (10ml) 28 days
- PPS (mustard oil) (10ml) 28 days (5mm)
- Jala basti (Meharugen oil) (200ml) (15mm) 14 days
- Shirodhara (Brahmi oil) (20) (30min) 14 days

Ry - cap. Sandhigogyam x B.D

- Tab. Vat han Vah x B.D

- Symp. Orothoul x B.D

- Symp. Nervin x B.D

- Tab. G. f. f. x B.D

NEXT CONSULATION DATE:

Khushdel