





JAIPUR, E-19, New light Colony, Gopal Pura Mod, Under Bhaskar Flyover Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

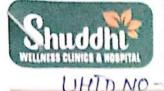
Ref. No.

Dated 10 2 22

NC 04/COP9F, G: Reviewed medical records were evident for non documentation of pre- procedural, procedural, post – procedural notes

We are sharing a complete patient file with notes mentioning the procedures prior to patient transfer along with pre/post care plan

JEENA SAK E-19. 018 (RAJASTHAN)



E-19, New light Colony, Gopal Pura Mod, Under Bhaskar Flyover, Jaipur Ph.: 95726-95726, Email: Shuddhihospital.jaipur@jeenasikho.co.in

J5341 OPD NO 341

Dr. Rahul Sharma BAMS (Ayurvedacharya), Reg. No. 28001

Dr. Sikandar BAMS (Ayurvedacharya), Reg. No 27589

Dr. Payal Gour BAMS (Ayurvedacharya) Reg. No 28098

Dr. Alok BAMS, PGDIP, EPMPGD Panchkarma Reg. No. 2573

AGE: 92SEX: M

ORTHOCARE

- · Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

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

GASTOCARE

- · Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Mohit pokhama W/o, D/o, S/o: Kirshmailel pokhama Chief Complain History

lypothyourdismx2yours Menstrual History

x Diagnosis:

Sandh vaaf अप्टविध परिक्षा स्पर्श रहा शब्द (1) Face (आकृति (N) Eye (दृष्टि) उत्प्रांग्न Jiwha (जिव्हा) साम Urine (मूत्र) Trregular Stool (मल) (rregular Nadi (वात्, पित्, कफ)

(Dash Vidha)

- 1. Prakrutiian
- 2. Vikruti
- Sara HENH 3. 4. Samhana HENH
- 5. Pramana HELH
- Satmya HENH 6.
- Satva 3741 7. 8. Aahar Shakti Zici-
- 9. Vaya_ HERH
- 10. Vyayum Shakti 3101

Vitals:

B.P.: 110/70mmofrey

Weight.: 49.0 kg

Height: Ung

RBS .: 120mg/dl

Clo - B/L knee Joint PainTIME: 17:0 Am C stilfness - swelling in Both knee - Hyper gerscieidity - Constripution - generalised weerkness

APP-11 Sleep. Normal Bower- irrequear Bleidder - Irwegwer

A - Sandhivalet

A AbhyangermE mahanereyen or (100ml/day) (45min) ×5dur Swedana T Dashmore kwath (15min)x says Janu, Basti E mahanadeyen oi (200mildu (40min) X.C.I.

RxyDroshuddhi Powder 1/ tsp 217 2 2) Cro-flexi cup 1 cup TAE Zala 3) Chandar veti 1 ad AGE Lata 2 1921 / STIT 2017

4) Divyaithyri - 1 cup #39E 1 cup 2114

SHUDDHI ATURVEDA FANCEIN A Unit of Jeans Sikho Life Bra D 7 E-19, New Light Colony, Goplapera Mo Under Bhasker Fhrover, Japar-302719, 00AM

NEXT CONSULATION DATE: After 15 duys (7727078024)

www.shuddhi.com, www.hiims.in

f 🙆 😏 chikitsaguru



DATE:..1.8.1.7.1.2.2

- Benchits - Reduced Painessiffness Reduced swelling Releif in Hypergasacidity & conshipation. - Riste: - Pain may increase for some hime. B PIncrease - Altermative: - Stop Theorpy & consult doctor. Outcome: - - Reduced BIL Knee jaints Pain ? swelling. - Relaif in Hypergas acidity 8 Conshipation.

22107/2 DM JEENA SIKHO LIFECARE LTD. E-19, NEW LIGHT COLONY UNDER BHASKAR FLY OVER JAIPUR-302018 (FA MST HAN)



Otiont Ei



ASIM

JEENA SIKHO LIFECARE LIMITED

SCO-11, Kalgidhar Enclave Baltana, Zirakpur, Punjab 140603, Ph. 87258-87258

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- सबसे पहले किस बीमारी से शुरूआत हुई थी? पहले कब कब बीमार पहें थे?
- क्वा बीमारी कौन से साल में हुई थी और उस समय क्वा उपचार किया गया? कौन से हॉस्विटल से उपवार हुआ था?
- कितनी कैमीकल वाली गोलियां अभी सा रहें हो? गोलियों के नाम और कितने साल से?
- आज तक कोन-कोन सी जाचे करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर या हेल्थ पर गहरा असर पड़ा हो?

HIO - Hypothyridisim × 2 years

B/L knee Joint Puin E Stiffness Sweeling in Both knee: Hyper gerscie idity Constipletion (X6 years. generalised weerkness 90

App. 11 Sleep - mormeel Bowel - irregular Bladder - irregular

A - Sandhivaet

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HUDDHI AYURYEDA FANCHKARMA HOSPITA A Unit of Jeans Saho Litecare Ltd. E-19, New Light Colony, Goplapura Mod Hoter Bhasker Flower, Jaipun 302018

18/07/22

11:00 AM



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ण / कोड़ी: 🛛 Yes 🖓 अठ	/	
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Stiffness		
Sweering in E	soth knee.	X6 years
Hypeogensciend	ity	
Constipution	()	
generalised.	warkness.	
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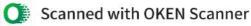
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PATIENT CONSENT FORM FOR CASE REPORTS (मामले की रिपोर्ट के लिए रोगी की सहमति प्रपत्र)

For a patient's consent to publication of information about them in a journal एक जर्नल में उनके बारे में जानकारी के प्रकाशन के लिए रोगी की सहमति के लिए

Name of person described in article/ लेख में वर्णित व्यक्ति का नाम

Subject matter of photograph or article/ फोटोग्राफ या लेख की विषय वस्तु:

Title of article/ लेख का शीर्षक.

Medical practitioner or corresponding author/ चिकित्सा व्यवसायी या संबंधित लेखक:

Molit Pokharna I/ [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]: , relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of research.

Or (या)

#/ Molut Pokhanna ___ [पूरा नाम डालें] इस जानकारी के लिए मैं स्वयं या मेरे बच्चे या वार्ड / मेरे रिश्तेदार [पूरा नाम डालें]:_____ ___, एक जर्नल लेख में प्रदर्शित होने के लिए उपरोक्त विषय वस्तु ("सूचना") से संबंधित है, या अनुसंधान के उद्देश्य के लिए इस्तेमाल किया जाना है।

I understand the following/ मैं निम्नलिखित समझता हूँ:

- 1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
- 2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
- 3. The Information may be placed on a website.

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14. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

or (या)

- सूचना मेरे नाम/बच्चे के नाम/रिश्तेदारों के नाम संलग्न किए बिना प्रकाशित की जाएगी और गुमनामी सनिश्चित करने के लिए हर संभव प्रयास किया जाएगा। हालाँकि मैं समझता हूँ कि पूर्ण गुमनामी की गारंटी नहीं दी जा सकती है। यह संभव है कि कोई कहीं - शायद, उदाहरण के लिए, कोई व्यक्ति जो मेरी/मेरे बच्चे/रिश्तेदार की देखभाल करता हो. अगर मैं अस्पताल में था. या कोई रिश्तेदार - मेरी पहचान कर सकता है।
- 2. सचना एक पत्रिका में प्रकाशित की जा सकती है जिसे दुनिया भर में पढ़ा जाता है या एक ऑनलाइन पत्रिका। पत्रिका मुख्य रूप से स्वास्थ्य देखभाल पेशेवरों के उद्देश्य से हैं, लेकिन पत्रकारों सहित कई गैर-डॉक्टरों द्रारा देखे जा सकते हैं।
- सूचना को वेबसाइट पर डाला जा सकता है।
- 4. मैं ऑनलाइन प्रकाशन से पहले किसी भी समय अपनी सहमति वापस ले सकता/ सकती हूं, लेकिन एक बार सूचना प्रकाशन के लिए प्रतिबद्ध हो जाने के बाद सहमति वापस लेना संभव नहीं होगा।

JEENA SIKHO LIFECA Patient Signature/ रोगी के हस्ताक्षर: (Signature of requesting medical practitioner/health care wE19 Signature of requesting medical practitioner/health care wE19 Signature of requesting medical practitioner/health care wE19 Signature of Reference of the second sec Medical Practitioner Signature/ चिकित्सा व्यवसायी के हस्ताक्षा PUR-302018 (RAJADDaireNदिनांक: 18/07/22 11:00 MM



Shuddhi

JEENA SIKHO LIFECARE LIMITED

E-19, New light Colony, Gopal Pura By Pass. Tonk Road, Bhaskar Flyovar, Jaipur, Rajasthan, 302018

Nutritional Assessment Form

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Are vou	allergic to any f	food or drink? Yes or Na
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		ns, minerals and/or food supplements? Yes or No
If y	take any vitamin ves, which ones ou had any major	
If y Have yo If yes, Do you If yes	take any vitamin res, which ones ou had any major what have any chroni , please explain_	ns, minerals and/or food supplements? Yes or No or injuries, hospitalizations, or operations? Yes or No ic illnesses? Yes or No
If y Have yo If yes, Do you If yes	take any vitamin res, which ones ou had any major what have any chroni , please explain_	ns, minerals and/or food supplements? Yes or No
If ; Have yo If yes, Do you If yes (Example	take any vitamin ves, which ones bu had any major what have any chroni , please explain_ s: Shortness of breat	ns, minerals and/or food supplements? Yes or No or injuries, hospitalizations, or operations? Yes or No ic illnesses? Yes or No
If y Have yo If yes, Do you If yes (Example Do you	take any vitamin ves, which ones bu had any major what have any chroni , please explain_ s: Shortness of breat	ns, minerals and/or food supplements? Yes or No or injuries, hospitalizations, or operations? Yes or No ic illnesses? Yes or No th, Heartburn, Constipation, Excessive thirst, Headaches, Pain, bleeding etc) ations on a regular basis? Yes or No

Please explain about

- Appetite J.J.
- · Food habits : Junk food
- · Daily working hours 8 hrs
- Exercise (15min)
- · Job profile : Bussiness
- · Height: 4"6
- Weight : 49.0 kg

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

Have you ever been diagnosed or do you suffer from depression? Yes or 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_

Doctor Signature JEENA SH FECAREN E-19, NEW LIGHT UNDER BHASKA YOVER JAIPUR-30

Patient Signature





E-19 New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Hyover, Jaipur, Rajasthan, 302018

Name Molit Pokharing MANDATORY SELF	DECLARATION
Name Moluit Pokharing Address IPS college Bhilwara Road bru	Lab Purg Bhilwarg
Age : 28 Contact Number : 9887-225386	Gender :M/FM

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

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

fever	Yes	No	-1
Dry Cough	Yes	No	-
Sone Throat	Yes	No	7
Diarrhea	Yes	No	
Breathlessness	Yes	No	-
Asthma	Yes	No	-
Other : Please specify	Yes	No	-
History of travel in the recent one month n	110		1
Any contact history with a person who had	returned from foreign c	ountry ? If yes, p	please specify.
Propose of your visit : For consultation, Patien	t attendant/other reaso	n?	
Have you come in contact with the covid 19	positive patient in last (one month?	
	NO		
Have you attend any gathering or visited an	y crowded market place	in the last 14 da	ays ? If you, please specify
	NO		
Are you taking any precautionary measures	for boosting your intriu	nity prior to con	ning ? If you, please specify
	Vaccinete	d	
Kindly share your status of Aarogya Setu app	? Red/Orange/Green.	· · · · · · · · · · · · · · · · · · ·	
reby assure that whatever information I have pre-	ovided is correct and tru	e to the bast of	my knowledge.
arn an asymptomatic carrier or an undiagnosed	nation! with covid-10 []	Les	
is to take appropriate precaution and th	TOURNALING PROTOCOLE NO	accribed by the	
so know that I may get an infection from the clin	ic or form a doctor and	Lyill take aver	
there at an inside positions and chinic starr account	tante il such infection o	ccurs to me or n	ny accompanying persons.
THE CARE L	TD.		
STATIO LIFECANON	Y		1 part
STATURE FLYON	LAN)		Signature
SHELLIONE ASKARAHA	[1]		18171-
LUNDER BILAUS BIRY	in the lot		
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E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Hyover, Jaipur, Rajasthan, 302018

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: J.S.341	OPD:	IPD:	Date:18	
Patient Name (रोगी का नाम)	Mohit)	Pokhevina,	Аке (Зч)	sex (1971) M. L. Pwa Bhile Daveg
Name of W/0, 0/0, 5/0 (140	ग∕पति का नाम)К	orishan hal	Pokhayng	DI U >-
Address (पता)	5 College	2 Bhilwara	Road bula	b Pwa Bhilwarg
Phone No (फोन नं.) 958	7225386	Email (भिन) .		
Name of Doctor /डॉन्टर का	नाम:	Dy Alok.		
Dear Sir/Madam, प्रिय	सहोदय∕ महोदया	den i cont		

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 जानता 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 वारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

Services/ सेवाप्	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं No/नहीं
Do you found, Time period spent on your assessment is sufficient or not? आपकी जाच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्र है या नहीं ?	yes	
Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	yes	
How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा हैं ?	Good	
During your problem did employee or staff respond you on time or not? जब आप अपनी समस्या बताते हैं, नो कर्मचारी ठीक से गुनते हैं ?	yes	
Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	yes	
How would you feel during treatment? ईलाज के दौरान आपने केसा अनुभव किया ?	Good	
Did you have confidence and trust in the staff? कुए अफ कर्मचारी के कार्य क्षमता से संपष्ट हैं ?	405	
What and thing would you change about the department?	Nothing	
	not? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्र है या नहीं ? Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ? How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा हैं ? During your problem did employee or staff respond you on time or not? जब आप अपनी समस्या बताते हैं, नो कर्मचारी ठीक से पुनते हैं ?	Do you found, Time period spent on your assessment is sufficient or not?Yesआपकी जाच के लिए डॉक्टर के द्वारा दिया गया समय गर्याप्र है या नहीं ?YesExplained about diagnosis and treatment?Yesनिदान और उपचार के बारे में समझावा ?YesHow is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा है ?GoodDuring your problem did employee or staff respond you on time or not? जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से गुनते हैं ?YesDid staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?YesHow would you feel during treatment? ईलाज के दौरान आपने कंसा अनुभव किया ?GoodDid you have confidence and trust in the stafi? क्या आप कर्मचारी के कार्य धमता से मंगुष्ट हैं ?YesWhat one thing would you change about the department? इस विभाग में कोई एक भी गती चीज जिस में आप सुधार चाहते हैं ?Nooting

INN

Date: 18 07 22 Signature (Hospital Authority) 11.00M JEENA SIKHO LIFECARE LTD. E-19, NEW LIGHT COLONY UNDER BHASKAR FLYOVER

JAIPUR-30

Signature (MD/MS) (Fatient/Guardian) Signa 18/07/22-11:00 AM





E-19, New light Colony, Gopal Pura By Pass, Tonk Road,Bhaskar Flyover, Jaipur, Rajasthan, 302018

CHARGES CONCERN FORM

Name (नाम): Mohit Pokharna DOA (मर्ती की तारीय): 18/07/22
Age (34). 2.5. Sex (61). UHID . TO 341 ON OLU
W/O, S/O, D/O (Marjula): Kelishan Lal Pokhankoay Panchkaima: 5 days
Consultant Name (चिकित्सक नाम):
Provisional Diagnosis(रोग निश्चय)
Confirm Diagnosis (रोग विनिधय): Sandhi vceet
1. Procedure details (प्रक्रिया विवरण): Abhyangam t. ateeim (suredance), Janu Basti
2. IPD Charges (आई.पी.डी)
3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क)
4. Nursing charges (नर्सिंग शुल्क)
5. Package Charges Procedure wise
A: Abhyengem = $2000 \times 4 = 8000/$ B: Swedema = $15000 \times 4 = 6000/$
$B: Swedcing = 15000 \times U = 6000/$
C = Janu Basti = 2000 X U = 8000/
D:
E:
6. Doctor Fees (चिकित्सक शुल्क)
7. Medicine (approx) costing :
8. Consumable (approx) charges :
9. Accessory (approx) charges :
10. Diet Charges (आहार शुल्क) :
27800/.
Total Estimated Package Rs. Twenty-Seven thousand eight hundred only
De l'Olya
JEENA SINGOLIPE CARE LTD.
E-19, NEW LIGHT COLONY E-19, NEW LIGHT COLONY UNDER BHASKAO ELYANER UNDER BHASKAO ELYANER
JAIPUR-302018 (BAJASTHAN)
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1-19. New light Colony, Gopal Pura By Pav. Tenk Road Bhaskar Hyover, Japur. Rajasthan, 302018

ADMISSION FORM (प्रवेश फार्म)
UHID T 8341 IPD Bed No. Date 18/7/22
Patient Name (रोगी का नाम) Mohi + Pokhan n.a. Age(उम) 28. Sex(लिम) H
Name of W/O, D/O, S/O (भिता, पति का नाम) Kau'shan Lal Pokharing
Address & Phone No. (471 47 12) IPS College Bhilwara Road brulab Pura Bhilwarg
DOA (भनी की तिथि) 18/7/22 TOA (भर्ती का रामन) 11:0 Am
DOD (छुट्टी की तिथि) 2217122 TOD (छुट्टी का समय) 9:0 Pm
Treatment (प्रक्रिया)Abhyangam, Swedema, Janu Basti Diagnosis (रोग निध्रय)
Doctor In charge (संचालक उपचारक)
Sector in charge (1-111-1-110)
Result
Cured/Relived Discharge Request
Left Against Medical Advice Expired
Paymonte CASH 1 TOAN (1)
Payment: - CASHTPA Name/NoGovt.Insurance
Dated (दिनाक)
Signature (many Good
Signature (हम्ताक्षर)
K I I I I I I I I I I I I I I I I I I I
18 07 7 HERECHTELING
JEENA SHEVOLUSPATELYOVLAN)
JEENA SHITHO USA COLOVER JEENA SHITHO USA CUOVER E-19. NEVOUSA ELYOVER UNDER BHASKAS FLYOVER UNDER BHASKAS THAN) UNDER BHASKAS THAN) JAIPUR-302016 (RAJASTHAN)
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Terms & Conditions

- Thave opted on my own for admission into this Hospital and will pay the bills as Hospital 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
- 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 Hospital accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone, electricity and air-conditioning failure etc.
- 4. Patients are advising not be bring any valuable or any jewelry or any other luggage with them Hospital also advised to
- deposit the surplus cash with the Hospital and get a receipt, The Hospital will not be responsible for any loss or theft. 5.
- Suggestions/complaints may be given in writing at the reception.
- All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque 's is not accepted. 6.
- 7. I am getting admitted on basis at Jeena Sikho Lifecare Limited at my own and i am ready for the medical system treatment. / am giving my concern after understanding benefit and outcome of treatment the information given by me are absolutely correct.

नियम व शर्तें

- 1. मेंने इस अरपनाल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल के नियमों और विनिधमों के अनुसार बिल का भगतान करूँना / करुँगी !
- 2. प्रबंधन निवमों को मंशोधित करने का अधिकार मुरक्षित रखता है एवं विनियम और विना किसी पूर्व सूचना के शुल्क हा किसी भी
- कमरे में उपलब्ध सुविधाएँ कामकाजी कम में रखी जाती है लेकिन उनके कामकाज में कोई विभलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है | अस्पताल स्ट्राइक, लॉक आउट, बॉटर, टेलीफोन, बिजली और एयर कंडीशर्निंग विफलता इत्यादि के कारण होने वाली किसी भी हाति या असुविधा के लिए कोई ज़िम्मेदारी स्वीकार नहीं करता है
- 4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई अभूषण वा कोई अन्य समान ना लाएं | अगर अधिक नगदी हे तो अस्पताल में जमा करने की भी सलाह दी | अस्पताल के साथ उनके अधिशेष नगद और एक रसीद प्राप्त करें | अतः अस्पताल किसी भी नकसान या बकाया के लिए जिम्मेदार नहीं होगा।
- 5. रिसेप्शन पर लिखित में सझाव/शिकायते दी जा सकती है।
- 6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चैक नहीं लिया जाता है
- में अपनी गर्जी ये जीना सीखो लाइफकेयर लिमिटेड में भर्ती हो रहा रही हूँ | मैं तैयार हूँ मेरे साथ होने वाली चिकित्सा पद्धति 7 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 (टिलांक)! 817122	Relationship of Patient (गंगी में सम्बध)
Signature (हस्ताक्षर)	Witness(प्रन्यक्षी)
	T TECARELITD.
	TEENA BIKHO LIFECARE LTD.
	18 UNDER ACEANOVERANT



E 19. New light Colony, C	iopal Pura By Pass	Tonk Road, Bhaskar Hyov	er, Lupur, Rajasthan, 302018
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UHID JS341 OPD 341 Room No. Date.
GENERAL CONSENT
Mohit Pokhayna w/o, s/o, D/o kuishan hal Pokhayna
R/O. IPS College Bhilwara Road Chellab Pura Bhilwarg Date of Admission 18/712022 Age 28 Sex M
Date of Admission 18712022 Age 28 Sex M
Has been clearly explained about the Procedure Abhyanger, Swedang, Janu Bash
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 concent for the procedure mention about.
HAhitfokharna Marina Raishan Lel Pokharum IPS College Bhilwaro Road bulah purg Bhilwara (Bata) 18/07/22 20 28 For M
डॉर मुझे मुझे मुझे पर होने वाली प्रक्रिया (थेंग्पो) के घारे में पूणत: उता दिया है। तिसमें आने पत्र लंद्रण के घारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थेंगेपी के दौरान आई आपाटकालीन स्थिति ने मुझ किसो दूसरे वड अस्पताल एवं क्लीनिक में जाना पडता है तो डसका पूर्ण खर्बा मुझे स्वयं बाहन करना होगा। मैं क्लीनिक के सारे लियम व कानून पढ चुका/कृति हे एउ मुझे बता दिया गया है और में अपनी स्वीकृति दे रहा/रही हूं।
Potient's Name (77917 17 174) Mohit Pokharna
Signature (7771137)
Date (दिनांक)
Place (TETTA) Shuddhi HijMS Jaipun
Witness (प्रत्यक्षी)
Doctor's Name (चिकित्सक नाम) Dr. ALok
TEENIA CITCHO THE PARE LTD
Signature (EF+LD)NEW LIGHT O'ONY UNDER BHASE ARTINOVER
JAIPUR-302018 (NAJASTHAN)
Date (दिनांक)
11:00AM
Construction of the second

Prakurti Chart Form

UHID JS341

DATE 18 07 22 Kindly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind bedy type.

IPD.....BED NO....

		VATA	PITTA	КАРНА
MENTAL PROFIL	G	and the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mental activity		Quick mind restless	and the second	•
Memory		Short-term best	Sharp intellect aggressive	Claim stead stable
Thoughts		Constantly charging	Good general memory	Long -term best
Concentration		Short-learn focus best	Fairly steady	L Steady stable fixed
AL III. A. I			. Better than average mental concentration	Good ability for long term
Ability to learn		Quick grasp of learning	Medium to moderate	Slow to learn
Dreams		Fearful flying running jumping	Angry , fiery , violent	Includes water clouds
Sleep			adventurous	relationship, romanie
Speech	~	Interrupted light	Sound ,medium	Sound ,heavy long
		Fast sometimes missing	Fast sharp clear cut	Sound ,clear ,sweet
Voice		High pitch		
Mental profile		right pitch	Medium pitch	Low pitcl:
	Carl Dave and			
ating speed		Quick		
lunger level		irregular	Medium	Show
ood and drink	-		Sharp need food when hungry	Can easily miss meals
Achieving goal		Prefers warm	Prefers cold	Prefers dry and warm
the second se		Easily distracted	Focused of driven	Slow and steady
iving/donation		Gives smail amounts	Gives nothing or large	Gives regularly and generously
Relationships		Many casual	Intense	
ex drive		Variable or law	Moderate	Long and deep
Works best		White supervised	Alone	Strong
Neather preference		Aversion to cold	Aversion to heat	
leaction to stress	A	Excites quickly	Medium	Aversion to damps cool
inances		Doesn't save spends quickly	(Save but big heat)	Slow to get excited
riendship		T		Save regularly accumulates wealth
nendship		Tends towards short term friendship makes friends	Tends to be a longer triends related to occupation	Tends to form long lasting
litta type Rash	ety ,worry nes inflamr	,and restlessness , attention d natory, skin condition, stomac	tigue, headaches, intolerance of c eficit with hyperactivity disorder. h ache, diarrnea, controlling and m ability and excessive competitive d	nanipuiative behavior, visual
Capha Cily Poss	skin show: essiveness	s digestion, digestion, sinus co s, neediness, apathy, depressio	ngestion, nasal allergies, asthma, a on, difficulty, paying attention.	nd obesity. Skin growths,
		INSTRUCTIONS FOR	R PANCHKARMA TREATMENT	rs
Warm and hot water		g.		
Hot water for bathing	g.			(Λ)
Avoid day sleep.				
Avoid awakening in n				
Pass natural urges (ur	rine & stool	s) before Panchkarma treatments	i.	M
Don't suppress natura	al urges.			N
Don't do excessive w				1.2100-
Don't expose to clod	air of hot su	un.	4	10/02/11/-

9. Avoid stress and strain during treatment.

10.Don't travel on vehicles immediately after treatment.

11.Imme diately after traveling or exercise should be not taking and panchkarma treatment.

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.

18 LIFECARE LTD. E-19, NEW CIGHNOOLONY JEENA SIKHO UNDER BHASKAB PLYOVER JAIPUR-302018 (RAJASTHAN)



1000 m

E-19, New Light Colony, Gopal Puca By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

PANCHKARMA CONSENT (पंचकर्म सहमति)
UHID S 341 IPD Bed No. Date 18/7/2 2
Patient Name (रोगी का नाम) Mohit Pokhayna Name of W/O, D/O, S/O (पिता/पति का नाम) Krishan Lal Pokhayna
Name of W/O D/O S/O (BUT VET TO THE KHISHAN Lal POKhavna
Address & Phone No. (47) 47 4777.) IPS College Bhilwarg Roackaulab Pura Bhilwara
DOA (भर्ती की तिथि) 18/1/22 TOA (भर्ती का समय) 11.0 Am Age(उम) 2.8 Sex(लिंग) M
Treatment Benefits (उपनार के नाभ) Abhyengerm- Reduced funy Stiffness
Treatment Benefits (31411 4 414) Hondungen Perel of and Port of the August to bot off
Risk (attan) Some time Redness and Rashes on Skin due to hat off.
Alternative (1370) Apply Jay yerds oil,
We are informed about the therapy & also about the complication in which e g.,
हमे हमारी शैरेणी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है
ðá :
Fever (बुखार आना) Tingling sensation (झनझनाहट) Tenderness in abdomen (पेट में भारीपन) Tenderness (अकडन)
Tenderness in abdomen (पेट में भारीपन) Tenderness (अलखन) Backache (कमर में दर्द) Numbness (मुन्नपन)
Increase pain (दर्द में दुद्दि) Vomiting (उल्टी)
Decrease B.P (बी.भी कन होना) Loose motion (दस्त)
After Explaining about the complication & the benefits I will be responsible for everything and give full
permission to the doctors & the therapists to perform. 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 in the procedure clearly. I have been explained about the details of PROCEDURE, in case of any
emergency and further referral to any higher center, the required expenses in that case will be paid by me. I had
read about the clauses clearly and giving my concern for the procedure mention about
आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी के बारे में पूर्णतः जात होने के पश्चात
इन्हे कराने के लिए तैयार हूँ इसकी पूर्णतः ज़िम्मेदारी मेरी स्वयं की होगी मुझे मुझ पुर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता
दिया है। जिसमें आने पाले उपद्रवों के बार में भी पुझे नेरी भाषा में बना तिप्र विभी है, यदि किसी भी थेरेपी के दौरान आई आणातना जीन
स्थिति में मुझ किसी दूसर बड़ अस्पताल म जाना पड़ता के 500 में पुष्ठ पुष्ट स्वहन करना होगा। में अस्पताल के संतर निर्णम
व कान्तून पढ चुका/चुका ह एव मुझ बता दिया गया हुन्न पर मुक्क कात्र अधीकात STV ते पर हो
इन्ह करान क लिए तैयार हूं ! इसकी पूर्णत: ज़िम्मदारा भरो स्वय की होगी मुझे मुझे पुर सुन वाली प्रक्रिया (थरपा) के बार में पूर्णत: बती दिया है। जिसमें आने वाले उपद्रवो के बार में भी पुझे नेरी भाषा में बना सिएटियम है, खेदे किसी भी थेरेपी के औरान आई आणातन ानीन स्थिति में मुझे किसी दूसर बड़े अस्पताल में जाना पहुता है जिस्मि प्रसिध्वा पुर जिस्ह बहन करना होगा। में अस्पताल के सारे निपम व कान्नून पढ चुका/चुकी हं एव मुझे बता दिया भया है जरा कि प्रसिद्ध किसी में के अर्थताल के सारे निपम > Doctor's Signature (डाक्टर के हस्ताक्षर)
Patient's Signature (31427 4 8441817)
18/03/11
Swedang - Benefits - Reduced Joint Stiffness & Puin 18/08/1000
Risk _ Some time pain and Stiffness Increase
- Some time of break
- Some time B.P. Ingh
Alterneutive - stop Steem and Consult Doctor
Janu, Basti - Benifft - Reduced fain Sstiffness Risk - some time pain may be increase Alternative - Stop therepy consult Doctor.
Risk - some time puin muy be increase
Hternulive Stop therepy consult Dector



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1. 19. New light Colony, Gopal Pura By Pass, Tonk Road Bhaskar Elyover, Jaipur, Rajasthan, 302018

UHID JS 341 OPD 341 Room No Date 1817122
PROCEDURE CARE PLAN
Patient's Name(गंग) == Mohit Pokhayna
Father's/Husband's Name (मिना/पनि का नाम) Keuishon Lal Pokhaylug
Date (दिनान)
Procedure Perform (1921). Abhyengam, Swedeng (Steem), Janu Basti
Provisional Diagnosis (For Filer)
Final Diagnosis (गेग विनिधय) Scmdhineut.
Doctor Name (चिकित्मक नाम)
Therapist Name (सतायक नाम) Memish.
Details of Therapy 1) Prepocedure - Abhyangam E mahanatayamoil (100mildu) XSdy - Swedana. E Delshmorel kwath. (15min) 2) <u>Procedure</u> - Janu Basti E mahanatayamoil (200milduy (40min) X 5 deuxs
Doctor's Name (विकित्मक नाम)
Date (दिनाक) 18/11/22 JEENA SIKHO LIFECARE LTD. Signature (हस्ताक्षय) 19. אודאו אודאו אודאו אודאו
- MOOMMR

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E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Bajasthan, 302018

VITAL CHART

PATIENT NAME: MOBIT POKhamGENDER male DOA: 18/7/22 UHID NO. JS341

DATE	TIME	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
18/7/22	11.30Ar	" 49.0Kg	97.6°F	110/rom	n 726p	n 18/min	3/10	aui
18/7/22	1.30 P	· Ug.okg	97.8°F	, ,	726000	16/min	3/10	auf
19/7/22	10-0An	US OKg	98.20 F	110/72 mmog ng	826pr	18/min	3/10	राम्य
19/7/22	12.0Pm	, 49.0 kg	97.7°F.	108/68	S 01	n 18/min	3/10	रामेश्र
20/7/22	11-0Ar	, 48.8kg	98.7ºF	110/62 mmojn	72bp	1/ 10	3/10	शकेद
20/2/22	1.000	48.8kg	97.2°F	120/20		n 13/min	2/10	रार्डेश
21/7/22		0	97.5°F	110/70m	/	the second second second second second	2/10	aat
21/7122		~	97.2°F	120/70 mmarg	Bobpm	mine/r1	2/10	aut
22/7/22		1	97.2°F	115/76m		18/min	2/10	213
22/7/22		100 March 1	97.40F	110/7000	Bobp	18/min	2/10	2132
								-
			4					
			GD					
			X		7			
			10	12	-	1		
			2210		m	~		
			2	100	CARELI	Ð.		-
				1.00 SIKHOLIFE NENLIGH ERBHASKA UR-302018	RELYOVE	AANI		
			JEENA	ER BHASK	(RAJAS			
			JAIP	UR-SUF	Ξ	- F -		
			1.00		Acre aller	again .	1	de tra

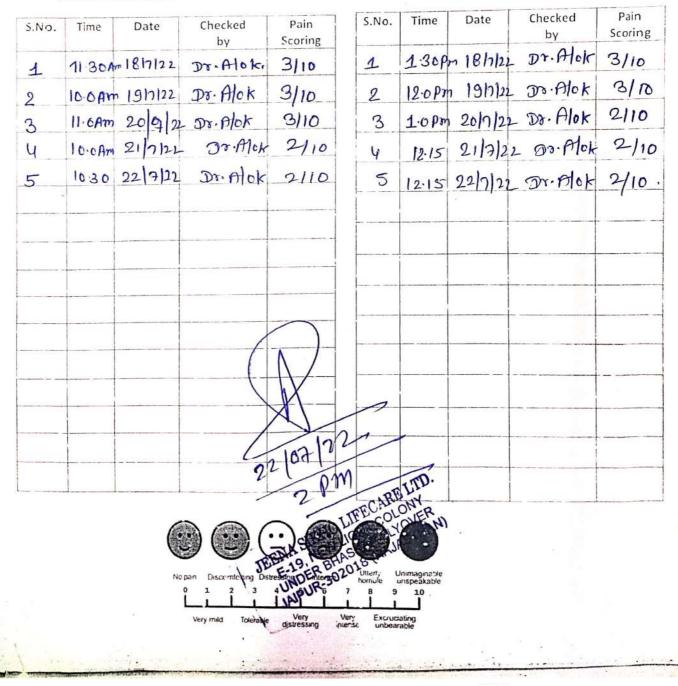


	NA SIKHO LIFECARE LIMITED ny, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018
	PAIN SCORING CHART
UHID. JS341	IPD:
Name. Mohit Po	Khartha Age: 28 Sex: M
Consultant: Dy. Ale	Bate of admission :

Shuddhi

BEFORE TREATMENT

AFTER TREATMENT



Shuddh

JEENA SIKHO LIFECARE LIMITED

E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

Patient Name: Mohit Pokhanza Gender: M DOA: 18/07/22. UHID No.: JS341

Date	Time	Tem.	B.P	Pulse	R.R.	Pain	Therapy	Patient Feedback	Patient Sign	Doctor Sign	
1817122	1.30	r97.6'F	hich to	72617m	16/min	3/10	Abhyangam Bwedener JanuBasti	Good	600	Ø2	
1017/22	12:01	97-7 _F	108/is	766рт	18/min	3/10	-Abhyangar -Swedane Janu Basti	Good	A	ð	-
201122	1.0p	m 98.2%	liy/li pumaj jug	826рт	18/11	in 2/11		400d	Ø	Ø	_
				80Брт			Jamu, Bash	Good (na	Bulst	um
22/7/22	- 12:13	97.YF	116/76 normed 1-15	воърт	18/mi	n 2/11	Swedenig Abhyenig Junu Bast	in Lood	m	Ports	low
						$\overline{\mathbb{N}}$					2011 - V 444, 124
					4	×107	122 DM LIFECARE	TD.			
			1	har a	1	A DEENA	STATULISHI COLO STATULISHI COL	DVER NJ		ith OKEN	

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JEENA SIKHO LIFECARE LIMITED

E 19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

DISCHARGE FORM (छुट्टी फॉर्म)	20107/00
UHID JS 341 IPD Bed No.	Date.22/07/22
W/o, S/o, D/o([Чат] ЧТа) <u>10 (эрсик лон лон лон лон лон лон лон лон лон лон</u>	lab fluco, Bhilwara
CHIEF COMPLAINT AND HISTORY (मुख्य जकलीफ एवं उसका बृतान्त)-B/L KN	er jarnis han 85 hornes
Chief Consultant (मुख्य चिकित्सक) CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त)-B/L KM - Swellin Past Medical History (पुराना चिकित्सा वृतान्त) Hypothy 30 ious St	n
Family History (बुद्धेव वृतान्त) NS	
Admission Pain Scale - 3 0	
 VITA PARAMETERS B.P 112 74 mm ldy PULSE 76 bpm SUGAR WEIGHT 48 ldy HEIGHT 4'G" MALA SOM MUTRA Imagular JIWHA SOM SHABDA D SPARSHA FOLT AKRUTI D DRIKA GTYTEC 	DASH VIDHA PARIKSHA PRAKRUTI OT C, OT VIKRUTI OT C SARA HEMA SAMHANA HEMA PRAMANA HEMA SATMYA HEMA SATWA HEMA AGNI STOC MANA
DISCHARGE TIME PAIN SCALE:	· VAYA TENY
2/10 22/07/22 22/07/22 21/00 pm 21/00 pm	• VYAYAM SHAKTI GTC • VYAYAM SHAKTI GTC STREV LIFE CARE LIP. STREV LIFE COLOVER STREV LIGHT FLYOSTHAM 9. 0 BHADIB (RAJASTHAM)

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DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकिल्मा वृतांत)

Sanctui Vaat |-Athyangam |- swedana |- Jany Bash

DIET ADVISE ON DISCHARGE (आहार निर्देष) As per diet chart

CONDITION AT THE TIME OF DISCHARGE

Home Dead Referred Lama

Follow up (दोवारा कव आना है) After Isdays

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

PH NO. 7727078024

If Pain Increases 4)

8)

C)

2. Medicine After Diseases (औपशि सुट्टी के बाद) 1 Dro Shuddhi Powder 1/2 top 210 this ton the

2) Go-flexi Cer 100 राम राम केलाउ 100 हाम ज्युनजुन वानी ले

4) Divya. Thyn cer - 1 cer forgar रवाने के बाउ 1 cer / शाम रखने के बाउ

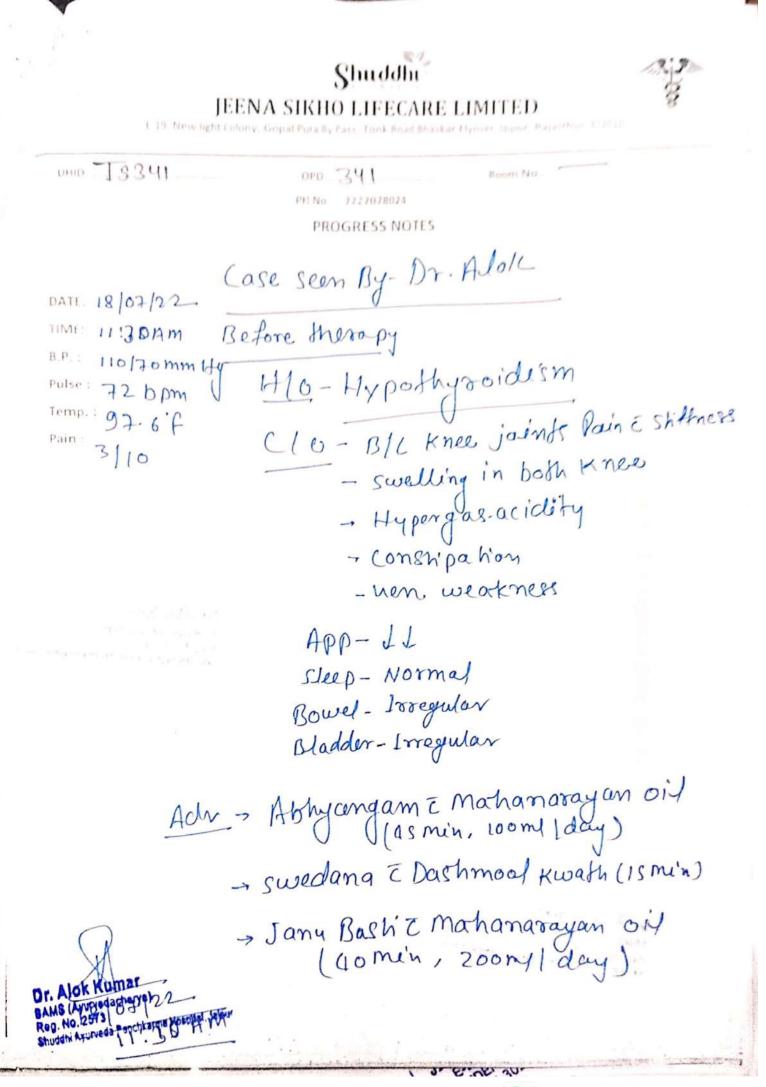
Loctor Name ______ ALOK Doctor's Signature

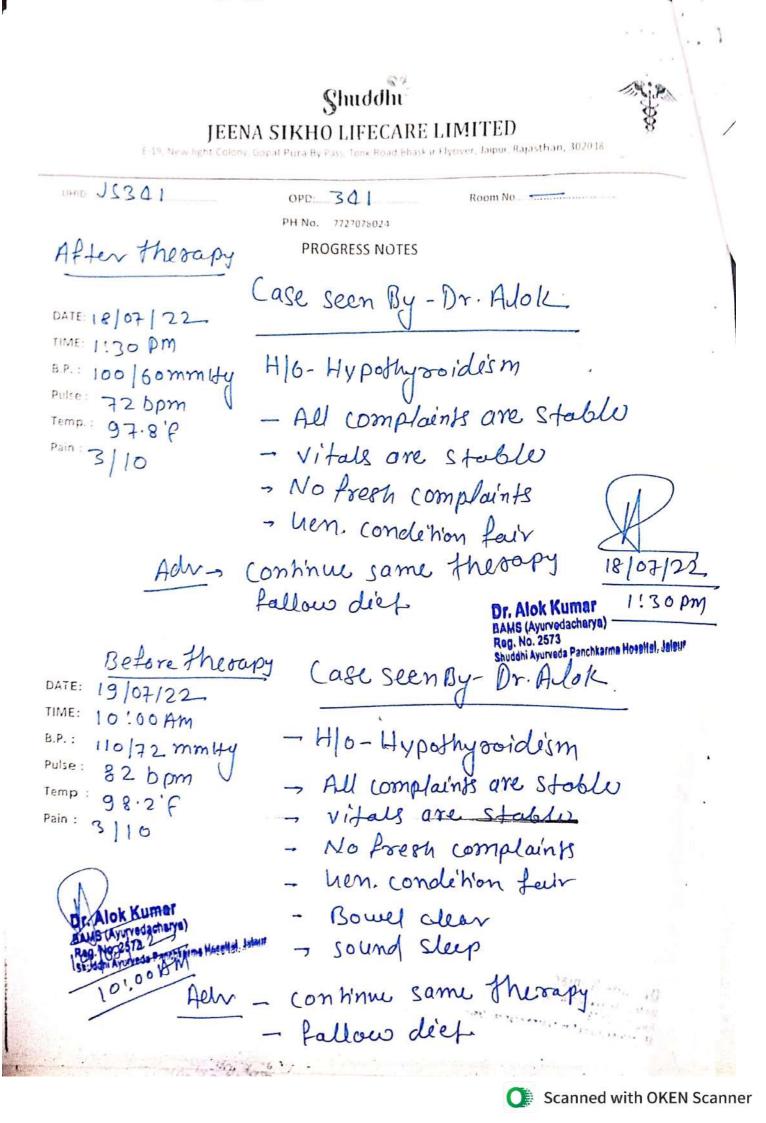
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JEPNASIK CLUBSAN MD.

E-19, NEW LICHT COLONY UNDER EHASKAR FLYOVER JAIPUR-302018 (RAJASTHAN)





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E-19, New light Colony, Gopal Jaipur Rajasthan 102018

UHID: JS341

341 OPD

Room No

PH No. 7727078024

PROGRESS NOTES

After Thosopy -CISIB-Dr.Alon DATE: 19/07/02 TIME: 12 PM - H/O-Hypothypoidism B.P.: 108 68 Pulse: 766pm - All complaints are stable Temp: 97.76 Pain: 3/10 - No fresh complaints - vitals are stable All - Continue same therapy - fallow diet. Alok Kumar (vurvedacharya) C/S/B-Dr. Studen Overleda Panchkarma Hoe Before theopy H/O-Hypothyooidism - All complaints are stable Dato - 20/07/22 - No fresh complaints Timb - 11:00AM - vitals are stable BP - 110/68mmby - uen, condétion fair Pulso - 72 bpm - Bowel alear Tomp- 98.1°F - sound sleep Pain - 3/10 Adr - Continue Sampr. Atob Kanformant - Pell Dee de E Shuddhi Ayurveda Banchkarma Hospital, Jak



20/07/22 11:00 MM

12. pm

Shuddhu

E-19. New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

VA VP

Room No..... 341 JS341 app UHID: 7727078024 PH No. **PROGRESS NOTES** After Therapy Case seen By-Dr. Alon DATE: 20 07/22 1:00 PM TIME: HO-Hypothy Doidesm 114 68 mm by B.P. : Pulse : - mild Relief in Bli knee 82 bpm Temp.: 98.2'F join's Pain & Shiffness Pain : 2/10 - Reduced swelling in both knew " Relief in gas, Acidity. " Bowel clear ARKKIMER No foresh complaints OMLynel Jalpu Continue same freatment fallow dief Before Therapy C/S/B-Dr. Alok DATE: 2107122 TIME: 10 AW Hlo-Hypothyzoidism B.P. : 110 70mm 49 Pulse: 78 bpm - mild Reletin BICKnee Temp.: 97.5F Pain : jaints Pain & Shiffmers. 2/10 - Reduced swelling in both knee - Relief in gas, Heidely - Dowel clear itms Hossings, Jalan - No fresh complaints - vitals are stable. Conninue same therapy, fallow dief Scanned with OKEN Scanner

Shuddhu JEENA SIKHO LIFECARE LIMITED Room No 341 10011 15341 7727078024 THE MAN PROGRESS NOTES After therapy Case Seen by Dr. Ranul DATE: 21 3122 HO- Hypothyroidism HML 12.15 pm BP 120 formeling Clo - pt feel better Pulse Bob pm - No -fresh complaints 1emp. 97.2°F - Vitcels are Stuble. Pain 2/10 - General condition fuir. Adv - confinue same treament -follow Diet Hospit - Ress. Case Seen by Dr. Por Before therepy DATE 22 7 22 H/o - Hypothyroidism TIME: 10.30Am BP 115170mmelne Clo Relief in B/2 knee Join+poin & Stiffness 1emp 97.2"F - Reduced Swelling in Both knoe. Pain 2110 - Recief in gas acidity -Bowel clear - No - fresh complaints - Vitals are Stuble. Adv. - Continue Same freetment shama follow nict Randon Randon Cla follow, Diet Rest.

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Shuddhu JEENA SIKHO LIFECARE LIMITED



After therapy DATE 2217/22 TIME: 19 15 pm B.P. 110170 mmolkg Pulse 806pm Temp. 97.4'F Pain: 2110

DATE: TIM1E: B. P. : Pulse :

Temp. :

Pain .

A State of the sta

UMIN JS391

341 PH NO 1722078020 **PROGRESS NOTES** x Case Seen by Dr. Rahul Hlo-Hypothyroidism <u>Clo</u> - p+ feel better. -No-Fresh complaints - Vitals are stable .-- General condition tais

Recently NU

"<u>Adv</u> - Stop thesapy - continue medicine - Jollow Diet. - Do yoga meditation. Rest Kest <u>Pt discharge</u> today Rudshams 2217122 17:15 P Dr. Rahul Sharma BAMS (Ayurvedacharya) Reg. No. 28001 Snuddhi Ayurvada Panenkarma Haspilal, Jalpur

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