

VRIKSHAKALPA AYURVEDA & PANCHKARMA CENTER

(A Unit of Vrikshakalpa Herbal LLP)

E-1/12, 1st Floor, Main Market Road, Malviya Nagar, New Delhi - 110017

Ph. : 8303000777, 8800209083 | E-mail : info@vrikshakalpaayurveda.com

Website : www.vrikshakalpaayurveda.com



Case Date: 05/07/2022

Prescription

UHID No:	PT/22-23/133 (VHMN/400)	Case ID:	OP/22-23/382 (OP/MVN/756)
Name:	DHARA PANDIT D/O- RAJ NANDAN PANDIT	Age / Sex:	25 / Female
Address:	6/25, MALVIYA NAGAR	Mobile:	9990104804
Consult By:	Dr. Amit Verma	Visit Date:	05/07/2022
		Followup Date:	20/07/2022

Ayurved Diagnosis : LUMBAR SPONDYLITIS**Modern Diagnosis : LUMBAR SPONDYLITIS****Symptoms:**

- PAIN IN THE LOWER BACK SINCE 4-5 YEARS
- PAIN RADIATES TO B/L LOWER LIMBS
- NUMBNESS AND TINGLING SENSATION IN B/L LOWER LIMBS
- PAIN AGGRAVATES ON PROLONGED WALKING AND STANDING
- gas+
- SOUR BECLT) BURNING SENSATION
- LOOSE MOTION IF EAT SOMETHING UNUSUAL
- HISTORY OF FALL 5 YEARS BACK

Ashtvidh Pariksha

नाडी : साम जिहवा : निराम मल : सम्यक् मूत्र : सम्यक् नेत्र : सम्यक् आकृति : स्थूल शब्द : रुक्ष स्पर्श : रुक्ष
Dashavidh Pariksha

प्रकृति : वातकफ वयस : मध्यम देश : जङ्गल काल : ग्रीष्म सत्व : मध्यम संहनन : मध्यम प्रमाणत : मध्यम शरीर बल : मध्यम
मानस प्रकृति : सात्विक , राजसिक सार : (AVARA)

Srotas Pariksha

अन्नवह : अरुचि , छर्दि रसवह : गौरव , अग्निमांश , अरुचि मेदोवह : स्थूल्य अस्थि : अस्थिशूल , अस्थिभेद
Samprapti

दोष : वातकफ दुष्य : रस , अस्थि स्रोतस : रसवहस्रोतस् , अस्थिवहस्रोतस् अधिष्ठान : मध्यम स्रोतोदुष्टि : संग , विमार्गगमन
स्वभाव : चिरकारि साध्यसाध्यत्व : कष्टसाध्य सामता : आमाजीर्ण

Vital Data:

Pain Score : 8 , Pulse : 97 , Height : 5 ft, SP02 : 97 , RR : 16 CPM, Weig. 70 kg

Medicine (15 Days) :

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Sr.No	Medicine Name	Dose Morning - Noon - Evening - Night	Qty
1	SOOTSEKARA RASA Instruction: BEFORE FOOD 10 MIN WITH WATER	1 U - 1 U - 1 U	45
2	YOGRAJ GUGGULU Instruction: AFTER FOOD 10 MIN WITH WATER	2 U - 0 - 2 U	60
3	PALSINURON CAPSULES Instruction: AFTER FOOD 30 MIN WITH WATER	1 U - 1 U - 1 U	45
4	PIRANT TAB - 60 U Instruction: AFTER FOOD 30 MIN WITH WATER	1 U - 1 U - 1 U	1
5	SPARUB BALM - 10 Gm	0 - 0 - 0	1
6	SANDHILIN OIL - 30 ml Instruction: MIX BOTH AND APPLY 2-3 TIMES OVER LOWER BACK AND DO SIKAI	0 - 0 - 0	1

Remark: BENEFITS - RELIEVE IN PAIN RISK FACTORS - GASTRITIS OR LOOSE MOTION CONTACT DOCTORPanchkarma

1. Kati Bashi with - Gominty
 Maharajon oil 150 ml
 Sahacharadi oil 150 ml
 + Shirdi Massage +
 Pottli Swedana

[Signature]
 04/07/22
 4:30 PM

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2. Matsa Bashi with Sahacharadi oil - 30 ml
 Mustrena oil - 30 ml / 20 min x 6 days

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D: 05/07/2022

Miss DHARA PANDIT D/O- RAJ
NANDAN PANDIT

25 / Female

Dr.Amit Verma

Early morning**Other :** Ginger tea, Herbal Decoction, Tumeric tea, Warm water**Mint tea :** Herbal tea

Remark: GREEN VEGETABLE JUICE - MORNING EMPTY STOMACH

Breakfast

Remark: GREEN VEGETABLE JUICE, FRUITS BOWL, POHA WITHOUT PEANUTS, IDLI, OATS, DALIYA WITH VEGETABLES, KHICHDI WITH VEGETABLES, SUJI CHILLA, BESAN CHILLA, MOONG DAL CHILLA

Lunch

Remark: RAGI ROTI, JAU ROTI, JOWAR ROTI, GREEN VEGETABLES, DHULI HUI DAAL, ARHAR & UDAR NAHI KHANA, DAAL WEEK MEIN 3 TIMES, BUTTER MILK WEEK MEIN 2 TIMES, SALAD GREEN

Snacks**Other :** Chana, Herbal Tea, Mamara

Remark: ROASTED CHANA, ROASTED MAKHANA, FRUITS LIKE APPLE, PAPAYA, GRAPES. GUAVAVA, KIWI

Dinner

Remark: NO CHAPATI, ONLY VEGETABLES, KHICHDI, DALIYA, SOUPS, SAUTE VEGETABLES

Remark

- NO CURD, PICKLES, FRIED ITEMS, REDUCE SUGAR INTAKE, NO ARBI.

As
05/07/22 4:30 PM

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Initial Assessment Form

DATE: 25/07/2022

UHID: 11/400

OPD: 11/400/756

PATIENT NAME: Dhara Pandit

S/N/D Name: Raj Nandan

PHONE: 999014804

PATIENT HISTORY:

ADDRESS (Province-District): 6/25, Malviya Nagar

PATIENT AGE: 25

F

M

Diagnosis: Lumbar Spasmodic

1. Civil Status

Single

Married

Number of children:

4. History of the trauma/illness

Date:

Circumstances/Etiology:

Associated diseases:

1/1. Goutish

Pain in lower back

radiate to thigh, lower limb

5. Medical History/Treatment

Hospital:

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 steady 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	☐ 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 of driven	☐ Slow and steady
Giving/donation	☐ Gives small amounts	☐ Gives nothing or large amount infrequently	☒ Gives regularly and generously
Relationships	☐ Many casual	☒ Intense	☐ Long and deep
Sex drive	☒ Variable or low	☐ Moderate	☐ Strong
Works best	☐ White supervised	☐ Alone	☒ In groups
Weather preference	☐ Aversion to cold	☐ Aversion to heat	☒ Aversion to damp cool
Reaction to stress	☐ Excites quickly	☐ Medium	☒ Slow to get excited
Finances	☐ Doesn't save spends quickly	☒ (Save but big heat)	☐ Save regularly accumulates wealth
Friendship	☒ Tends towards short term friendship makes friends	☐ Tends to be a longer friends related to occupation	☐ Tends to form long lasting

Vata Kapha

Remarks:

 Date 05/07/22

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
Salad.	Roti	Roti	
Parantha	Dal	Rajma	Milk
Teg	Rajma	Udar Dal	
Curd	Rasbi	Achot	
	Chole	Rice mullu	
	Rosby		
	Green Vegetable		

PANCHKARMA TREATMENT PLAN
POORVA KARMA

Days Medicine	Medicine given for 10 Days
Risk, Benefits	B ₁ Pain red / Numbness red R ₁ Gastritis
Next follow up advice	Day care treatment
Next follow up date	Admit

PRADHA KARMA

Days Medicine	1. Kati Bani + Pelli Swedana X 10 days
Risk, Benefits	B ₁ Pain red R ₁ Pain red
Next follow up advice	Day care Rx
Next follow up date	

PASCHAT KARMA

Days Medicine	Shomora Chikitsa - 10 Days Diet & Lifestyle Advice
Risk, Benefits	

Pain Score

Functional Evaluation:

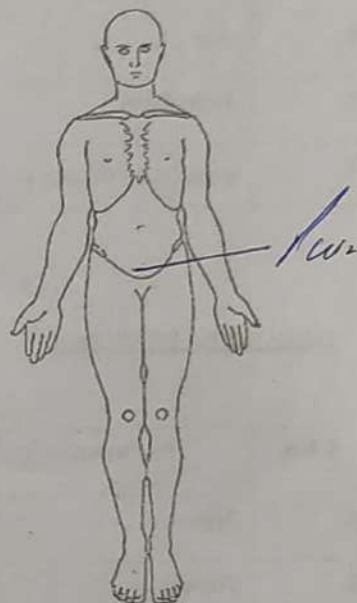
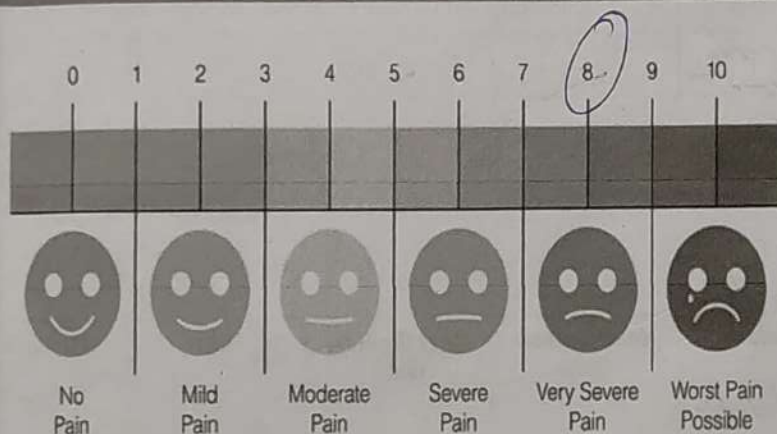
Balance disorders

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

Coordination

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

PAIN SCALE



Next Follow Plan

Vat Bath + Pottli Swedana + Day Care

Next Follow Date

Day Case treatment

General Examination Assesement

ASTA VIDHA PARIKSHA

05/07/22

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	Rukha				
2.	शब्द	Rukha				
3.	Face (Akruti)	Stool				
4.	Eye (Dirka)	N				
5.	Jihwa	N				
6.	Urine	N				
7.	Kastho (Stool)	N				
8.	Nadi (वात, पित्त, कफ)	Vata r. p. k. Same				

DASH VIDHA PARIKSHA

05/07/22

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	Vata k. p. k.				
2.	Vikruti	VK				
3.	Sara	Madhyam				
4.	Samhana	M				
5.	Pramana	A				
6.	Satmyaō	M				
7.	Satva	M				
8.	Aahar Shakti	V. k. p. k.				
9.	Vaya	Yura				
10.	Vyayani Shakti	Arara				

05/07/22
4:40 PM

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Nutritional Assessment Form

I. Identifying Information

Full Name: Dhara Pandit Date: 05/07/22

UHID No: 11/11/11/400 Age: 25 Sex: Female

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

Referring Clinician: _____

Reason(s) for visit: Consultation

II. Medical History (please give full details)

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

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

If yes, please specify: _____

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

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

If yes, which ones _____

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

If yes, what Lumbar Spondylitis

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 : *Average*
- Food habits : *Not Regular*
- Daily working hours : *—*
- Exercise : *NO*
- Job profile : *—*
- Height : *5ft*
- Weight : *70kg*

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

If yes, please explain *—*

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

If yes, please explain *—*

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

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05/07/22
5:40 PM
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Patient Signature



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Covid-19 Mandatory Self Declaration Form

Name: Dhara Pandit Age: 25 Gender: M/F Female
Date: 05/07/22 Contact Number: 9990104804
Address: 6/25, Malviya Nagar

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Vrikshakalpa Ayurveda & Panchakarma Center 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?

● 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.

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

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

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

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Signature



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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: 11/11/11 OPD: 11/11/11 IPD: Date: 05/07/2022

Patient Name (रोगी का नाम) Dhara Pandit Age (उम्र) 25 Sex (लिंग) Female

Name of W/O, D/O, S/O (पिता/पति का नाम) Raj Nandan Pandit

Address (पता) 6/25, Malviya Nagar

Phone No (फोन नं.) 999005804 Email (ईमेल)

Name of Doctor /डॉक्टर का नाम: Dr. Amit Kumar

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 ?	☒	☐
2.	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	☒	☐
3.	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा है ?	☒	☐
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 ?	☒	☐
5.	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	☒	☐
6.	How would you feel during treatment? इलाज के दौरान आपने कैसा अनुभव किया ?	☒	☐
7.	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	☒	☐
8.	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	☐	☒

Your comments / आपके सुझाव

Date: 05/07/22

Signature (Patient/Guardian)

Signature (Clinic Authority)

Signature (MD/MS)

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CHARGES CONCERN FORM

Name (नाम): Dhara Pandit DOA (भर्ती की तारीख): 06/07/2022

Age (उम्र): 25 Sex (लिंग): Female UHID: 100000/1000 OPD: 00/000/1/556

W/O, S/O, D/O (पिता/पति): Raj Nandan Pandit Day Panchkarma: 10 Days

Consultant Name (चिकित्सक नाम): Dr. Amit Kumar

Provisional Diagnosis (रोग निश्चय):

Final Diagnosis (रोग विनिश्चय): Lumbar Spandy Lth

1. Procedure details (प्रक्रिया विवरण): Kati Basti, Spinal Massage, Pottli Swedan,

2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क): 500/-

3. Nursing Charges (नर्सिंग शुल्क):

4. Package Charges Procedure wise

A: Kati Basti + Pottli Swedan: 1300 x 10 = Rs. 13000

B:

C:

D:

E:

5. Doctor Fees (चिकित्सक शुल्क): 500/-

6. Medicine (approx) costing: 3000/-

7. Consumable (approx) charges:

8. Accessory (approx) charges:

9. Diet Charges (आहार शुल्क):

Total Estimated Package Rs.

Rs. 16500/-

Dhara Pandit
Patient Signature

Amit Kumar
06/07/22

[Signature]
Receptionist Signature

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TEST REQUEST FORM

Name (नाम): Dhara Pandit

Age (उम्र): 25 Sex (लिंग): Female UHID: UK/MN/1400 OPD: OP/MN/1756

W/O, S/O, D/O (पितापति): Raj Nandan Pandit Day Panchkarma:

Provisional Diagnosis (रोग निश्चय):

Confirm Diagnosis (रोग विनिश्चय):

Name of Consultant (चिकित्सक नाम): Dr. Amit Kumar

Time of request: Date: 06/07/2022

1. Lab:

2. Radiology:

3. Scanning:

4. Markers:

Schedule time :	Information for test :
-----------------	------------------------

Request that my reports should not be share with anyone without my permission.

मैं अपनी पूर्ण इच्छा से डॉक्टर की सलाह पर अपनी जाँच की अनुमति प्रदान करता हूँ एवं अपनी जाँच का परिणाम की विनती करता हूँ की यह जाँच मेरी अनुमति के बिना सार्वजनित नहीं की जायें।

Dhara Pandit
Patient Signature :

Signature of Doctor/Nurse:

Vrikshakalpa Herbal LLP
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UHID VK/MDA/400 OPD OP/MDA/FS6 Room No. 1 Date 06/07/2022

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Dhara Pandit
 Name Of Father / Husband (पिता/पति का नाम) Raj Nandan Pandit
 Date Of Admission (उपचार की तिथि) 06/07/22 Time of Admission (उपचार का समय) 4 PM Age (उम्र) 25 Sex (लिंग) Female
 Assistant Doctor (सहायक उपचारक) Dr. Kunal Verma
 Doctor Incharge (संचालक उपचारक) Dr. Amit Kumar
 Date of Discharge (छुट्टी की तिथि) 31/07/22 Time of Discharge (छुट्टी का समय) 6:30 PM
 Operation (If Any) _____
 Procedure (प्रक्रिया) Kati Baki + Padi Swedana, Matsa Bakti
 Diagnosis (रोग निश्चय) Lumbar Spondylitis
 Address & Phone No. (पता एवं फोन नं.) G/25, Malviya Nagar, K
9990104804

Result	Cured/Relieved	Investigation Only	Expired
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Payment :- CASH ☒ TPA Name/No. _____ GOVT. Insurance. _____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Vrikshakalpa Ayurveda & Panchakarma Center 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 वृक्षकल्प आयुर्वेद एवं पंचकर्म सेंटर में 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) 06/07/2022

Attendent (प्रत्यक्षी) Self

Signature (हस्ताक्षर) Dhara Pandit

Relationship with Patient (रोगी के साथ सम्बंध) _____

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Terms & Conditions

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

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करूँगी ।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी ।
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है । क्लिनिक स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई 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/शिकायते दी जा सकती है ।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि । चैक नहीं लिया जाता है ।

Dated (दिनांक).....06/07/2022.....

Signature (हस्ताक्षर).....Shara Pandit.....

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

Witness(प्रत्यक्षी).....


06/07/22
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UHID UK/MSK/1400 OPD OP/MSK/1756 Room No. 1 Date 06/07/2022

GENERAL CONSENT

I Dhara Pandit W/o, S/o, D/o Raj Nandan Pandit

R/O 6/25 Malviya Nagar

Date of Admission 06/07/2022 Age 25 Sex Female

Has been clearly explained about the Procedure Kab. Bani + Loh. Swedana, Matra Bani

By Dr. Amit Kumar

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)..... 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 चुकी हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम) Dhara Pandit

Signature (हस्ताक्षर) Dhara Pandit

Date (दिनांक) 06/07/2022

Place (स्थान) New Delhi

Witness (प्रत्यक्षी) Self

Doctor's Name (चिकित्सक नाम) Dr. Amit Kumar

Signature (हस्ताक्षर) [Signature]

Date (दिनांक) 06/07/22 4 PM

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PANCHAKARMA CONSENT

UHID 11/11/2022 OPD 11/11/2022 Room No. 1 Date 06/07/2022

Patient's Name (रोगी का नाम) Dheera Pandit Age (उम्र) 25 Sex (लिंग) F
 Father's/ Husband's Name (पिता/पति का नाम) Raj Dandan Pandit Date (दिनांक) 06/07/2022
 Address & Phone no. (पता एवं फोन नं.) 625, Malviya Nagar, E 1/12, 1st Floor, Main Market Road, New Delhi - 110017
 Treatment Benefits (उपचार के लाभ) Pain decreased, Numbness led
 Risk (जोखिम) Pain may increase
 Alternative (विकल्प) Stop Kati Bashi & Start Kati Puchi

हमें हमारी धैर्य के बारे में पूर्णतः बता दिया गया है एवं धैर्य 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 ☐

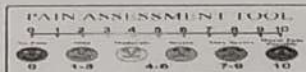
आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली धैर्य

के बारे में पूर्णतः जात होने के पश्चात उन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी।

➤ धैर्य का नाम धैर्य हस्ताक्षर
 ➤ डाक्टर का नाम रोगी के हस्ताक्षर
 ➤ प्रत्याक्षी दिनांक

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 Kati Bashi, Pottli Swedana, Matra Bashi

➤ Therapist's Name: Manjima / Girey Therapist's Signature Girey

➤ Doctor's Name: Dr. Amit Kumar Patient's Signature Dheera Pandit

➤ Witness Amit Date 06/07/2022

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UHID 16/07/2022 OPD 06/07/2022 Room No. 1 Date 06/07/2022

PROCEDURE CARE PLAN

Patient's Name (रोगी का नाम) Dhara Pandit
Father's/Husband's Name (पिता/पति का नाम) Raj Nandan Pandit
Date (दिनांक) 06/07/2022 Age (उम्र) 25 Sex (लिंग) Female
Procedure Perform (प्रक्रिया) Kati Bakti, Polli Swedana, Matra Bakti
Provisional Diagnosis (रोग निश्चय) _____
Final Diagnosis (रोग विनिश्चय) Lumbar Spindy like
Doctor Name (चिकित्सक नाम) Dr. Amit Kumar
Therapist Name (सहायक नाम) Mangima Goyal

Details of Therapy :

- Kati Bakti with Mahororayan oil 15ml + Polli Swedana
Sachcharadi oil 15ml X 10 Days
- Matra Bakti with Saccharadi tail - 30ml
Muuvirena tail - 30ml x 5 days

Doctor's Name (चिकित्सक नाम) Dr. Amit Kumar

Date (दिनांक) 06/07/2022

Signature (हस्ताक्षर) Amit Kumar

06/07/2022
4 PM

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UHID UK/22/11/400 OPD OP/22/11/754 Room No 1 Date 06/07/2022

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Dheer Pandit Age (उम्र) 25 Sex (लिंग) Female

W/o, S/o, D/o (पिता/पति) Raj Nandan Pandit

Address (पता) 6/25, Malviya Nagar

Treatment Start Date (उपचार प्रारंभ दिनांक) 06/07/22 End Date of Treatment (उपचार की अंतिम तिथि) 31/07/22

Treatment Start Time (उपचार प्रारंभ समय) 4 PM Treatment End Time (उपचार समाप्ति समय) 6 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Amit Kumar

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त) cl. Pain in lower Back
Radiate to b/l Lower Limb

Past Medical History (पुराना चिकित्सा वृत्तान्त) Lumbar Spordylitis

Family History (कुटुंब वृत्तान्त) No Relevant History

Pain Scale - 05/10

VITA PARAMETERS

B.P 110/70 mmHg

PULSE 86/min

SUGAR —

WEIGHT 68 kg

HEIGHT 5ft

MENSTRUAL HISTORY

Regular

ASTHA STHANA

1. NADI Vatoka

2. MALA (N)

3. MUTRA (N)

4. JIWAHA (N)

5. SHABDA (N)

6. SPARSHA (N)

7. AKRUTI Stool

8. DRIKA (N)

DASH VIDHA PARIKSHA

1) PRAKRUTI Vatoka

2) VIKRUTI Vatoka

3) SARA Madhyam

4) SAMHANA Madhyam

5) PRAMANA Madhyam

6) SATMYA Madhyam

7) SATVA Ara

8) AGNI Good

9) VAYA Yuv

10) VYAYAM SHAKTI Madhyam

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INVESTIGATION EXAMINATION (जॉय)

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

Lumbar Spandy like

1. Kahi Banki 2. Pothi Swedana 3. Matra Banki

DIET ADVISE ON DISCHARGE (आहार निर्देश)

→ light food → No lard
→ No fried → No Ashok & Vsoh & daal.

Follow up (दोबारा कब आना है) to After 10 days

CONDITION AT THE TIME OF DISCHARGE

Home



Dead



Referred



Lama



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

PH No. +91 8447426748

- A) Sudden severe pain
B) Numbness in lower limbs
C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

- Rx
1. Tab. Credih 1-1-1 & water B/f
2. Yograj Guggulu 2-0-2 A/f 10 min & water
3. Pulsinuron Capsule 1-1-1 A/f 30 min & water
4. Tab. Sahcharedi 1-1-1 A/f 30 min & water
5. Arthiporhak 2 tab with milk.
6. Sparuh ointment + Sandalwood oil 4A
+ 1.5ml

Dr. Name.

Amit Kumar

Sign.

Date.

31/07/2022

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

Patient Name: Dheera Pandit Gender: F DOA: 06/07/2022 UHID No: 118/min/1400

Date	Time	Tem.	B.P	Pulse	P.R.	Pain	Therapy	Patient Feedback	Patient Sign	Doctor Sign
06/07	4 PM	98.4 F	120/74	74/min	14/min	08	Kati Banti + Spinal Massage + Poli Swedana	nice	Dheera Pandit	Dr. Amit
07/07	4:30 PM	98.4 F	116/76	78/min	16/min	08	Kati Banti + Spinal Massage + Poli Swedana	Feel Good	Dheera Pandit	Dr. Amit
08/07	4 PM	98.4 F	122/74	76/min	14/min	08	Kati Banti + Spinal Massage + Nadi Swedana	Feel Good	Dheera Pandit	Dr. Amit
09/07	4 PM	98.4 F	126/76	74/min	14/min	07	Kati Banti + Spinal Massage + Nadi Swedana	Good	Dheera Pandit	Dr. Amit

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

Patient Name: Dhara Pandit Gender: F DOA: 06/07/22 UHID No.: VK/MVN/400

Date	Time	Tem.	B.P	Pulse	R.R.	Pain	Therapy	Patient Feedback	Patient Sign	Doctor Sign
10/7	4:00 PM	98.7°F	120/80	70/min	16/min	07	Kati Basti + Spinal Massage + Nadi Svedana	Good	Dhara Pandit	Kusum 10/7/22 (Dr. Kusum)
12/7	5:31 PM	98.4°F	121/74	74/min	14/min	05	Kati Basti + Spinal Massage + Nadi Sveda	Good	Dhara Pandit	Dr. 12/7/22 (Dr. Amit)
13/7	4:00 PM	98.4°F	110/80	76/min	15/min	05	Kati Basti Spinal Massage + Nadi Svedana Kati Matsya Basti	Feeling good	Dhara Pandit	Kusum 13/07/22 Dr. Kusum
14/7	4:00 PM	98.3°F	118/70	74/min	14/min	05	Kati Basti Spinal Massage Nadi Svedana	Good	Dhara Pandit	Kusum 14/7/22 Dr. Kusum
15/7	4:15 PM	98.4°F	120/70	80/min	16/min	05	Kati Basti Spinal Massage Nadi Svedana Matsya Basti	Good	Dhara Pandit	Dr. Kusum

Dr.
15/07/22

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

Patient Name: Dhara Pandit Gender: F DOA: 01/07/22 UHID No.: VK/MVN/400

Date	Time	Tem.	B.P	Pulse	P.R.	Pain	Therapy	Patient Feedback	Patient Sign	Doctor Sign
16/02/22	4:30 PM	98.4°F	100/50	80/min	14/min	07	Kati Pichu Pottli-Matna Basti	Good	Pharag Pandit	(Dr. Amit)
26/02/22	6:00 PM	98.6°F	110/70	74/min	18/min	06	Kati Basti Spinal Massage	Good	Pharag Pandit	(Dr. Kumar)
27/02/22	3:15 PM	98.4°F	100/60	70/min	14/min	06	Kati Basti Spinal Massage Pottli-Swedana	Good	Pharag Pandit	(Dr. Kumar)
28/02/22	4:45 PM	98.4°F	110/70	84/min	18/min	05	Kati Pichu Spinal Massage Pottli Steam Box	Good	Pharag Pandit	(Dr. Amit)
29/02/22	5:10 PM	98.8°F	110/70	82/min	16/min	05	Kati Pichu Spinal Massage Steam Box	Good	Pharag Pandit	(Dr. Amit)
							Matna Basti			(Dr. Amit)
30/07/22	4:15 PM	98.4°F	103/83	83/min	16/min	05	Kati Basti + Pottli Swedana Lower limb + Spinal Massage	Filling good	Pharag Pandit	(Dr. Amit)

Dr. Amit
30/07/22

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PAIN SCORING CHART

UHID: UK/AM/1/400

IPD:

OPD: OP/AM/1/756

Name: Dhaka Pandit Age: 25 Sex: Female

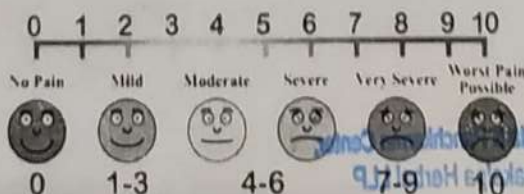
Consultant: Dr. Amit Kumar Date of admission: 06/07/2022

Before Treatment

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1	4 PM	06/07/22	Dr. Amit	08
2	4 PM	07/07/22	Dr. Amit	08
3	4 PM	08/07/22	Dr. Amit	08
4	4 PM	09/07/22	Dr. Amit	07
5	4 PM	10/07/22	Dr. Kusum	07
6	5:30 PM	12/07/22	Dr. Amit	05
7	4:00 PM	13/07/22	Dr. Kusum	05
8	4:00 PM	14/07/22	Dr. Kusum	05
9	4:15 PM	15/07/22	Dr. Kusum	05
10	4:30 PM	16/07/22	Dr. Kusum	07
11	6:00 PM	26/07/22	Dr. Amit	06
12	3:15 PM	27/07/22	Dr. Kusum	06
13	4:45 PM	28/07/22	Dr. Kusum	05
14	5:10 PM	29/07/22	Dr. Kusum	05
15	4:15 PM	30/07/22	Dr. Amit	

S.No.	Time	Date	Checked by	Pain Scoring
1	5 PM	06/07/22	Dr. Amit	08
2	5 PM	07/07/22	Dr. Amit	08
3	5 PM	08/07/22	Dr. Amit	08
4	5 PM	09/07/22	Dr. Amit	07
5	5:10 PM	10/07/22	Dr. Kusum	07
6	6:40 PM	12/07/22	Dr. Amit	05
7	5:10 PM	13/07/22	Dr. Kusum	05
8	5:00 PM	14/07/22	Dr. Kusum	05
9	5:30 PM	15/07/22	Dr. Kusum	05
10	5:35 PM	16/07/22	Dr. Kusum	07
11	7:15 PM	26/07/22	Dr. Amit	06
12	4:30 PM	27/07/22	Dr. Kusum	06
13	6:00 PM	28/07/22	Dr. Kusum	05
14	6:15 PM	29/07/22	Dr. Kusum	05
15	5:30 PM	30/07/22	Dr. Amit	05



31/07/22

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PAIN SCORING CHART

UHID: VK/MVN/400

IPD:

OPD: OP/MVN/756

Name: Thara Pandit Age: 25y Sex: F

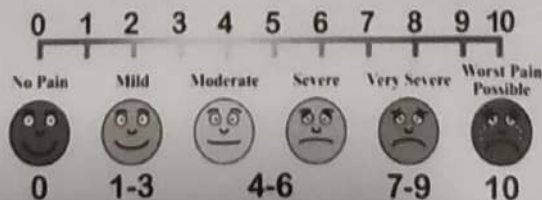
Consultant: Dr. Anil Kumar Date of admission: 06/07/2022

Before Treatment

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
16.	4:40pm	31/07/22	Dr. Kusum	05

S.No.	Time	Date	Checked by	Pain Scoring
16.	6:00pm	31/07/22	Dr. Kusum	05



[Signature]
31/07/22
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UHID: VK/MVN/400

OPD: 06/MVN/756

Room No. 1

PH No. +91 8447426748

PROGRESS NOTES

DATE: 06/07/22

TIME: 4 PM

B.P.: 120/74-44

Pulse: 74/min

Temp.: 98.4f

Pain: 08

cl. Pain in lower back radiating to the lower limbs

Numbness & Tingling sensation in lower limbs
A-Good
B-Regular
M-A
S-Good

1. Sootsekara Ras 1-1-1 B/f with water

2. Yograj Guggulu 2-0-2 A/f 10min with water

3. Cap. Pabaneuron 1-1-1 A/f 30min with water

4. Tab. Prent 1-1-1 A/f 30min with water

5. Sparuh Ointment + Sandhi lin Liniment

DATE:

TIME:

P.:

Pulse:

Temp.:

Pain:

15 days

Panchkarma

1. Kati Bati with Mahanarayana oil 150f } + Spinal
Sob choradi oil 150f } Massage
+ Pottli
2. Kati Bati with Sob choradi oil 30f } Swedana

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UHID: VK/MVN/400

OPD: 07/MVN/758

Room No. 1

PH No. +91 8447426748

PROGRESS NOTES

DATE: 07/07/22

TIME: 4:30 PM

B.P.: 116/76 mm Hg

Pulse: 78/min

Temp.: 98.4 F

Pain: 08

cl. Pain in lower Back Still present

cl. Numbness

Tingling Sensation

Stiffness (+)

A - Good

B - Regular

Cl. + @
Saoud

Rx
Continue Same Medicines

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

Panchkarma

1. Kahi Baki + Polli Swedana

With Spinal Massage

Signature
07/07/22

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UHID: VK/MVN/400

OPD: OP/MVN/36

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PROGRESS NOTES

DATE: 8/07/2022
TIME: 4:00 PM
B.P.: 126/76 mm of Hg
Pulse: 74/min
Temp.: 98.4°F
Pain: 07

80 Pain in lower back radiating to
lower limbs, Numbness, Tingling
sensation on & off
Burning sensation

A: sed
B: Regular
U: 0
S: sound

Rx:-

1. Kati Bhati with Mahanagari oil
Sacharadi oil } + Spinal
massage

+ Pottli Swedana

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Dr. Anurag
08/07/2022

90 Pain in lower back pain
decreased radiating to lower limbs
Numbness decreased.
Tingling sensation decreased.

A: Good
B: Regular
U: 0
S: sound

Rx:-

1. Kati Bhati with Mahanagari oil
Sacharadi oil } + Spinal massage

+ Pottli Swedana

DATE: 09/07/2022
TIME: 4:00 P.M.
B.P.: 126/76 mm of Hg
Pulse: 74/min
Temp.: 98.4°F
Pain: 07

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Dr. Anurag
09/07/2022



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UHID: VK/MVN/400

OPD: OP/MVN/956

Room No. 1

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PROGRESS NOTES

DATE: 10/04/2022

TIME: 4:00 P.M.

B.P.: 120/70 mmHg

Pulse: 70/min

Temp.: 98.7°F

Pain: 07

Pain is getting better,
Numbness decreased
Tingling sensation improved

Rx: 1. Kati Basti with Malanarayana tail
Sacchaseradi tail. + PPS.

Appetite: ↑
Bowel: Regular
Urine: ⊕
Sleep: ⊕

Kur
10/04/2022

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DATE: 12/07/2022

TIME: 5:50 PM

B.P.: 120/74 mmHg

Pulse: 74/min

Temp.: 98.9°F

Pain: 05

F/L
Pt feeling better
Pain reduced 40%
Able to do exercise

A-↑
B-Reg
d. Indigestion
Gut ⊕

Stop Sootcheradi Basti

1. Chitrahadi Vah 1-1-1 B/F X 10 days

2. Kati Basti with Malanarayana oil
Sachcheradi oil } + PPS

Kur
12/07/2022



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UHID: VR/MVN/400

OPD: OP/MVN/256

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PROGRESS NOTES

DATE: 13/07/2022

TIME: 4:00 PM

B.P.: 110/70 mm of Hg

Pulse: 76/min

Temp.: 98.4°F

Pain: 05

Pain decreased ↓, feeling better

Continue Swelling in legs near ankle area
left > Rt

A: ↓ed
B: Regular
U: (N)
S: (N)

Rx:- 1. Kati Basti with Mahanarayana tail
Sachcharadi tail + Nadi Suedana

2. Matra Basti with Sachcharadi tail - 30ml
Mueivara tail - 30ml

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Pain in back @ while doing exercise

DATE: 14/07/2022

TIME: 4:00 PM

B.P.: 118/70 mm of Hg

Pulse: 74/min

Temp.: 98.7°F

Pain: 05

Rx:- Kati Basti with Mahanarayana tail A: ↑ed
Sachcharadi tail B: Constipation

Spinal Massage -

Nadi Suedana

U: (N)
S: (N)

[Signature]
M. S. Sharma

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UHID: VK/MVN/400

OPD: OP/MVN/756

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PROGRESS NOTES

DATE: 15/07/2022

TIME: 4:15 PM

B.P.: 120/70 mm of Hg

Pulse: 80/min

Temp.: 98.4°F

Pain:

C/o Pain decreased a lot, now only present when doing exercise
Swelling decreased ⊕

Rx:-

1. Kati Basti with Mahanarayana tail
Saccharadi tail

2. Matra Basti with Saccharadi tail = 30ml
Muriwena tail = 30ml

A: Red

B: Regular

U: ⊕

Sleep: Good

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From 15/07/2022

DATE: 16/07/2022

TIME: 4:30 PM

B.P.: 100/60 mm of Hg

Pulse: 80/min

Temp.: 98.4°F

Pain: 07

C/o Pain in back reappeared again ⊕
Cramps in Thighs ⊕

Rx:-

1. Kati Pichu with

Mahanarayana oil
Saccharadi oil.

2. Matra Basti Saccharadi tail: 50ml

A: Red

B: Regular

U: ⊕

S: Disturbed

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From 16/07/2022



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UHID: VK/MVN/400

OPD: OP/MVN/356

Room No. 1

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PROGRESS NOTES

DATE: 26/07/2022
TIME: 6:00 P.M.
B.P.: 110/70 mm of Hg
Pulse: 74/min
Temp.: 98.6°F
Pain: 06

A: Red
B: Regular
U: (N)
S: (N)

Pain in back still present
Pain and cramps in both legs & thigh region

Rx: Kati Basti + Spinal Massage

Saccharadi tail

Malampasha tail

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Kum
26/07/22

DATE: 27/07/22
TIME: 3:15 P.M.
B.P.: 100/60 mm of Hg
Pulse: 70/min
Temp.: 98.4°F
Pain: 06

A: Red
B: Regular
U: (N)
S: (N)

Pain in back region
radiating to legs & thigh region

Rx:

1. Kati Basti

(Sarsaparadi tail) + Pottli Suedane
(Malampasha tail)

2. Spinal Massage with
marma points

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Kum
27/07/22

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OPD: OP/MVN/756

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PROGRESS NOTES

DATE: 28/07/2022

TIME: 4:45 PM

B.P.: 110/70 mm Hg

Pulse: 84/min

Temp.: 98.4°F

Pain: 05

Wt: 68.9 Kg

A: +

B: Regular

U: (N)

S: (N)

DATE: 29/07/2022

TIME: 5:10 PM

B.P.: 110/70 mm Hg

Pulse: 82/min

Temp.: 98.8°F

Pain: 05

Wt: 68.3 Kg

A: bed

B: Regular

U: frequently

S: (N)

C/O Pain in back decreased
Feeling better

Rx:-

1. Kati Pichu + Steam Box
(Sachchadi tail)
(Mahamasha tail)

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28/07/2022

90% Pain in back decreased

Feeling better

Pain in (Rt) leg still present

Rx:-

1. Kati Pichu + Steam Box +

(Karpastadi tail)
(Prasaandi tail)

2. Matra Bashi

(Kotunchukadi tail)

OR 60ml.

[Balaschwagandha tail - 30ml
Sachchadi tail - 30ml]

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29/07/2022



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OPD: OP/MVN/756

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PROGRESS NOTES

DATE: 30/07/22

TIME: 4:15 PM

B.P.: 103/83 mmHg

Pulse: 83/min

Temp.: 98.4°F

Pain: 05

Pt. feeling better

9. Pain sometimes like tingling in lower limb

Paralyzed

A - Good

B - Regular

M - 10

S - Sound

Rx: I Kati Basti + Lower limb +

Spinal Massage with

Karpastyadi + Paraseni taila
+ Pottli Swedana

30/07/22

DATE: 31/07/2022

TIME: 4:40 PM

B.P.: 110/70 mmHg

Pulse: 86/min

Temp.: 98.4°F

Pain: 05

Pain in legs (on & off)
while doing exercise

Rx:-

1. Kati Basti + Lower limb abhyangam
Spinal Massage with
Karpastyadi + Paraseni taila
+ Steam Box

A: Good
B: Regular
U: 10
S: Sound.

2. Noto Basti { Balaswagandha taila } 30ml
{ Sanchaladi taila } 30ml

Wt: 68.1 Kg

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31/07/22

N/C No-6-7

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OPD: OP/MVN/758

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PROGRESS NOTES

DATE: 31/07/2022

TIME: 6:30 PM

B.P.: 110/70 mmHg

Pulse: 86/min

Temp.: 98.4 F

Pain: 05

Patient is discharged on 31/07/22 with following medication:

1. Tab. Gdity 1-1-1 B/f with water
2. Yograj Guggulu 2-0-2 A/f 10 min with water
3. Cap. Pabneron 1-1-1 A/f 30 min with water
4. Cap. Sahchoradi 1-1-1 A/f - 30 min with water
5. Tab. Asthiponhok 2 tab with milk
6. Sparuh Ointment + Sandhikare oil 4 A + 12 A

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

10/09/22

31/07/22

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