Shuddhi Ayurveda Panchkarma Hospital

(A Unit of Jeena Sikho Lifecare Pvt Ltd)

(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB-140506)

UHID 273321 IPD 666 Bed No. 02 Date 19/3/21

ADMISSION & DISCHARGED RECORD

Name Of Patient (रोगी का नाम) Mr. Pankaj Madanwal

Name Of Father/Husband(पिता/पति का नाम) Mr. Vijay Madanwal

Date Of Admission(भर्ती की तिथि) 19/3/21 Time of Admission(भर्ती का समय) 10 AM Age(उम्र) 30 Sex(लिंग) M

Assistant Doctor (सहायक उपचारक) Dr. sandeep

Doctor Incharge(संचालक उपचारक) Dr. Suyash Pratap Singh.

Date Of Discharge (छुट्टी की तिथि) 25/3/21 Time Of Discharge (छुट्टी का समय) 5 PM

Operation (If Any) Sever Back Pain

Procedure(प्रक्रिया) Panchkarma Treatment

Diagnosis(रोग निश्चय) Acute lumbago

Address & Phone No.(पता एवं फोन नं.) Gorakhpur (8808613783)

Result	Cured/Relived	Left Against Medical Advice	Investigation Only	Discharge Request	Expired

Payment :- CASH ✓ TPA Name/No. _____ GOVT.Insurance. _____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on basis at Shuddhi Ayurveda Panchkarma Hospital (A Unit of Jeena Sikho Lifecare Pvt Ltd) at my own and I am ready for the medical system treatment . I am giving my concern after understanding benefit and out come of treatment the information given by me are absolutely correct .

मैं अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म अस्पताल (अ यूनिट ऑफ जीना सिखो लाइफकेयर प्राइवेट लिमिटेड) में भर्ती हो रहा/रही हूँ। मैं तैयार हूँ मेरे साथ होने वाली चिकित्सा पद्धति के लिए और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णत: सही है।

Dated (दिनांक) 19/3/21 Witness (प्रत्यक्षी) Self.

Signature (हस्ताक्षर) _____ Relationship of Patient (रोगी से सम्बंध) _____

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Shuddhi Ayurveda Panchkarma Hospital
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Back Side Of Jugraj Dhaba,
Opp. Side Of Haldiram, Dera Bassi
Punjab-140506

Terms & Conditions

1. I have opted on my own for admission into this Hospital and will pay the bills as Hospital rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules,regulation and the charges ... 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 advise 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.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

1. मैंने इस अस्पताल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल 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 कारण को असाइन करना |
3. 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 | अस्पताल स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि 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 आभूषण या कोई अन्य समान ना लाएं | अगर अधिक नगदी है तो अस्पताल में जमा करने की भी सलाह दी | अस्पताल के साथ उनके अधिशेष नगद और एक रसीद प्राप्त करें | अत: अस्पताल 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) 19/3/21

Signature (हस्ताक्षर)

Relationship of Patient (रोगी से सम्बंध) Self

Witness(प्रत्यक्षी)

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Shuddhi Ayurveda Panchkarma Hospital
(A Unit of Shuddhi Sidhu Pvt. Ltd.)
Back Side Of Jugraj Dharam Kanta
Opp. Side Of Bajwa Petrol Pump Bassi
Punjab-140506

Shuddhi Ayurveda Panchkarma Hospital

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(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB 140506)

Panchkarma Concern

UHID 27321 IPD 666 Bed No. 02 Date 19/3/21

Patient's Name (रोगी का नाम) Mr. Pankaj Madanwal

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

Date (दिनांक) 19/3/21 Age (उम्र) 36Y Sex (लिंग) M

Address & Phone no (पता एवं फोन नं.) Gazokhera (8808613783)

Risk (जोखिम) Kati Basti-Pain M, Abhyanga- Skin allergy Basti-Loose stool

Alternative (विकल्प) KatiBasti-MS, Abhyanga- Tailadhara Basti-Sizbath, Intake

Treatment Benifits-Relif in Pain Swelling Stiffness. Kayath Basti

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी 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 स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी ..... के बारे में पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी।

- थैरेपिस्ट का नाम ...Vinay..... थैरेपिस्ट हस्ताक्षर .....Vinay.....
- डाक्टर का नाम..Dr. S.P. Singh..... रोगी के हस्ताक्षर .....S P Singh.....
- प्रत्याक्षी..... दिनांक.....19/3/21.....

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

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

- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform.....
- Therapist's Name: ..... Therapist's Signature .....
- Doctor's Name..... Patient's Signature .....
- Witness ..... Date .....

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UHID..87321 IPD..666 Bed No..02 Date..19/3/21

PROCEDURE

I..Pankaj madanwal W/o, S/o, D/o..Mr. Vijay madanwal

R/O..Gorakhpur

Date of Admission ..19/3/21 Age..30Y Sex..M

Has been clearly explained about the Procedure ..Kati Basti, Basti, Abhyangam

By Dr..Suyesh Pratap Singh.

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 centre, 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

मैं.....पिता/पति का नाम.....पता .....

..... (दिनांक).....उम .....लिंग .....

डॉ _____ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवो 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 में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना होगा। मैं अस्पताल के सारे नियम व कानून पढ़ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) Pankaj madanwal.

Signature (हस्ताक्षर).....

Date (दिनांक) 19/3/21

Place (स्थान) Dera Bassi

Witness (प्रत्यक्षी).....self

Doctor's Name (चिकित्सक नाम).....
Dr Suyesh Pratap Singh.

Date (दिनांक)..19/3/21

Signature (डॉक्टर)..

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Prakurti Chart Form

UHID 27332) IPD 666 Bed No. 02 Date 19/3/21

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

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

Vata type	Dry to rough skin ,insomnia , constipation ,fatigue , headaches , intolerance of cold underweight or losing weight anxiety ,worry ,and restlessness , attention deficit with hyperactivity disorder .
Pitta type	Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.
Kapha type	Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to clod air of hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after travelling 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.

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Shuddhi

Shuddhi Ayurveda Panchkarma Hospital

(A Unit of Jeena Sikho Lifecare Pvt Ltd)

(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB-140506)

UHID 97.3321 IPD 666 Bed No 02 Date 19/3/21

PROCEDURE

Patient's Name(रोगी का नाम) Mr. Pankaj modanwal

Father's/Husband's Name (पिता/पति का नाम) Mr. Vijay modanwal

Date (दिनांक) 19/3/21 Age (उम्र) 30Y Sex (लिंग) M

Procedure Perform (प्रक्रिया) Kati Basti, Basti, Abhyangam.

Provisional Diagnosis (रोग निश्चय) Acute lumbago

Final Diagnosis (रोग विनिश्चय) Acute lumbago

Doctor Name (चिकित्सक नाम) Dr Sayesh Pratap Singh

Therapist Name(सहायक नाम) Vinay

Details of Therapy :

Kati Basti (Mahanarayan tailam) x4 days

Basti (Mahanarayan tailam x4 days

Abhyangam (Dhanwantaram tailam) x4 days.

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(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB-140506)

UHID 27332 IPD 666 Bed No 02 Date 25/3/21

F.H.NO. DISCHARGE FILE

Patient's Name (रोगी का नाम) Pankaj modanwal Age (उम्र) 32Y Sex (लिंग) M

W/o, S/o, D/o(पिता|पति) Mr. Vijay modanwal

Address (पता) Gorakhpur

Date of Admission (भर्ती की तिथि) 19/3/21 Date of Discharge(छुट्टी की तिथि) 25/3/21

Time of Admission (भर्ती का समय) 10 AM Time of Discharge(छुट्टी का समय) 5 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Suyash Pratap singh

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त) c/o sever Back Pain
c/o unable to stand and more
c/o Pain radiating (R) leg
since (R) 48°

Past Medical History (पुराना चिकित्सा वृतान्त) NOT | ODM | M / N / CAD

Family History (कुटुंब वृतान्त) NO

Pain Scale – 10/10

VitaParameters

B.P 120/80

P/R 92/M

SUGAR 98/mgL.

WEIGHT 65/kg.

HEIGHT 5.4F

MENSTRUAL HISTORY

Astha Sthana

NADI वातपित्तज

MALA Normal

MUTRA Clear

JIWHA Coated

SHABDA Clear

SPARSHA Warm

AKRUTI Normal

DRIKA Normal.

Dash vidha Pariksha

1) Prakruti प्रभावज

2) Vikruti NO

3) Sara Normal

4) Samhana Normal

5) Pramana Normal

6) Satmya Normal

7) Satva Avara.

8) Agni Madhya

9) Vaya NO

10) Vyayam Shakti Normal.

Singh

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INVESTIGATION (NO)

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतात)

Δ Acute lumbago
· Kati Basti
· Basti
· Abhyangam.

DIET ADVISE ON DISCHARGE (आहार निर्देष) Diet as advice

Follow up (दोबारा कब आना है) After 7 days

CONDITION AT THE TIME OF DISCHARGE

Home ☑ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
PH No. 9872451015

A) Pain
B) Swelling
C)

2.Medicine After Diseases (औषधि छुट्टी के बाद)

Tab Shuddhi Pain 1-0-1 with warm water.
Tab Brhatvat Chintamanirasa 1 Tab a D with milk
Sup Mahamashadi Kwath 4-0-4 TSP with 1 glass of water.

Dr. Name Dr. Gyanth singh
Sign. S Singh
Date. 25/3/21

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VITAL CHART

Patient Name : Mr. Pankaj Madanwal Gender : M DoA : 19/3/21 UHID No. : 27332

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION	PAIN	SIGN
19/3/21 10 AM	65 Kg	98.6	120/80	90/M	19/M	10/10	Viray
19/3/21 6 PM	65 Kg	98.4	120/80	90/M	18/M	10/10	Manish
19/3/21 10 PM	65 Kg	98.5	110/70	88/M	19/M	10/10	Akash
20/3/21 10 AM	65 Kg	98.6	120/80	90/M	19/M	10/9	Viray
20/3/21 6 PM	65 Kg	98.4	120/80	88/M	19/M	10/9	manish
20/3/21 10 PM	65 Kg	98.6	120/80	90/M	18/M	10/9	Akash
21/3/21 10 AM	65 Kg	98.9	120/80	90/M	18/M	10/8	viray
21/3/21 6 PM	65 Kg	98.7	120/80	88/M	18/M	10/8	Manish
21/3/21 10 PM	65 Kg	98.6	110/70	87/M	18/M	10/8	Akash
22/3/21 10 AM	65 Kg	98.7	110/70	89/M	18/M	10/7	Viray
22/3/21 6 PM	65 Kg	98.8	110/70	90/M	18M	10/7	Manish
22/3/21 10 PM	65 Kg	98.4	110/70	90/M	18/M	10/7	Akash
23/3/21 10 AM	65 Kg	98.6	120/80	88/M	18/M	10/6	Viray
23/3/21 6 PM	65 Kg	98.5	120/80	89/M	18/M	10/6	Manish
23/3/21 10 PM	65 Kg	98.6	120/80	89/M	18/M	10/6	Akash
24/3/21 10 AM	65 Kg	98.5	120/80	88/M	18/M	10/4	viray
24/3/21 6 PM	65 Kg	98.6	120/80	88/M	18/M	10/4	Manish

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(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB-140506)

VITAL CHART

Patient Name Pankaj makawana Gender M DoA 19/3/21 UHID No. 27332

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION	PAIN	SIGN
24/3/21 10 PM	65kg	98.6	120/70	88/M	18/M	10/4	[illegible]
25/3/21 8 AM	65kg	98.7	110/70	90/M	18/M	10/2	Vinay
25/3/21 11 AM	65kg	98.7	120/80	88/M	18/M	10/2	Manish
25/3/21 4 PM	65kg	98.7	120/80	84/M	18/M.	10/2	[illegible] Manish

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Punjab-140506

Shuddhi Ayurveda Panchkarma Hospital

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Daily Medication Schedule

UHID: 27.3321 IPD 66 OPD 2668

Patient Name : Mr. Pankaj medavel Date : 19/3/21

Allergies : No

Consultant : Dr Suyash Pratapsirah DOA: 19/3/21

PERSONAL MEDICATION RECORD

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

NAME OF DRUG	DOSE	DATE	TIME OF DRUG										
Tab Shuddhi	2BD	19/3/21			8AM					8PM			
Tab Pain	2BD				8AM					8PM			
Sup Maharasta	4TSP				8AM					8PM			
Tab Shuddhi	2BD	20/3/21			8AM					8PM			
Tab Pain	2BD				8AM					8PM			
Sup Maharash	4TSP				8AM					8PM			
Tab Shuddhi	2BD	22/3/21			8AM					8PM			
Tab Pain	2BD				8AM					8PM			
Sup Mahar.	4TSP				8AM					8PM			
Tab Shuddhi	2BD	24/3/21			8AM					8PM			
Tab Pain	2BD				8AM					8PM			
Sup Mahar.	4TSP				8AM					8PM			

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Covid-19 Mandatory Self Declaration Form

Name Mr Pankaj madanwal Date 19/3/21

Address Gorakhpur

Age 30Y Contact Number 8808613783 Gender :M/F M

OPD 368 IPD: 66 UHID 27321

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Shuddhi Ayurveda Panchkarma Hospital (A Unit of Jeena Sikho Lifecare Pvt Ltd) Hospital to fill-out the self-declaration form below.

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

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

- History of travel in the recent one month nationally and internationally?

  NO

- Any contact history with a person who had returned from foreign country ? If yes, please specify.

  NO

- Purpose of your visit : For consultation,Patient attendant/other reason?

  yes

- Have you come in contact with the covid-19 positive patient in last one month?

  NO

- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you,please specify.

  NO

- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you,please specify.

  NO

- Kindly share your status of Aarogya Setu app? Red/Orange/Green.

  NO

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

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

I also know that I may get an infection from the clinic or form 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 in such unfortunate occurs to me or my accompanying persons.

Signature

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Charges Concern Form

Name (नाम): Mr. Pankaj Madanwal DOA (भर्ती की तारीख): 19/3/21

Age (उम्र) 30Y Sex (लिंग) M UHID: 273321 OPD: 2668 IPD: 666

W/O, S/O, D/O (पिता|पति): Mr. Vijay Madanwal Panchkarma: Yes

Consultant Name (चिकित्सक नाम): Dr Suyash Pratapsingh

Provisional Diagnosis(रोग निश्चय) Sever Back Pain

Confirm Diagnosis(रोग विनिश्चय): Sever Back Pain

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

2. IPD Charges (आई.पी.डी.) 2000 X 7 14000

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) ✓

4. Nursing charges (नर्सिंग शुल्क) ✓

5. Package Charges Procedure wise

A: Abhyangam 1500 X 7 10500

B: Kati Basti 800 X 7 5600

C: Basti 2000 X 7 14000

D:

E:

6. Doctor Fees (चिकित्सक शुल्क) 1000 X 7 7000

7. Medicine (approx) costing: 100 X 7 700

8. Consumable (approx) charges:

9. Accessory (approx) charges:

10. Diet Charges (आहार शुल्क): 100 X 7 700

Total Estimated Package Rs. 52500/-

Patient Signature

Receptionist Signature

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Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Mr Pankaj Madanwal Age(आयु) 30y sex(लिंग) M

OPD: 268 IPD 666 UHID No 273321

Address /पता: Gorakhpur

Phone No./ फोन न.: 8808613783 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr. Suyash Pratap singh

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

Date: .....

Signature (Hospital Authority)

Signature (Patient/Guardian)

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Signature (MD/MS)

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