

Safety Committee

◆ Date of Meeting :- 15/10/2021

Sl	Members of the committee	Names of the committee members
1.	Clinical Quality Officer	Dr. Sonam Kashyap
2.	Doctor In Charge - Panchkarma	Dr. Sonam Kashyap
3.	Operations Head & Accreditation Co-ordinator	Dr. Sonam Kashyap
4.	Administrator - Bio Medical Engineering Dept	Hemant Kumar
5.	Facility maintenance	Sanjay Kumar Bairwa
6.	Staff Nurse Representatives	Ruby
7.	House Keeping	Akash

AGENDA :- Patient got itching (whole body) during Udvastan.
How to avoid Senthel ~ Event's.
Patient Name :- Kiran. Devi
UHID No :- J2021611

Minutes of Meeting :-

Stop treatment immediately
Sent udrostanom powder to pharmacy
to sent back for quality verification
to manufacture unit.

Attended By

Hemant Kumar. (Sr Therapist)
Sanjay Kumar Bairwa. (Pharmacist)
Ruby (Sr Therapist)
Akash. (House Keeping)

[Signature]
Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014



Dr. Sonam Kashyap
B.A.M.S

UHID - JS2021611

OPD - 9621940

ORTHOCARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

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

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Mrs. Kiran Bex
W/o, D/o, S/o: Mr. Bhaguen Singh
Chief Complain: Overweight 5 years
History: nil

Menstrual History: Menopause - 5 months

Diagnosis: Obesity

अष्टविध परिक्षा
स्पर्श: Norm
शब्द: Clear
Face (आकृति): Vibhu
Eye (दृष्टि): M
Jiwha (जिह्वा): Alip
Urine (मूत्र): Pale
Stool (मल): Hard
Nadi (वात, पित्त, कफ):

(Dash Vidha)

1. Prakrutii: Khatapitay
2. Vikruti: M
3. Sara: M
4. Samhana: M
5. Pramana: M
6. Satmya: M
7. Satva: M
8. Aahar Shakti: M
9. Vaya: M
10. Vyayam Shakti: M

Vitals:

B.P.: 125/80 mmHg.

Weight.: 85 kg.

Height: 5"

RBS.: 130 mg/dL.

NEXT CONSULTATION DATE: 15/11/21

Date: 15/10/21
Age: 48 yrs.
Time: 3:00 PM.

CNS - (N)

CNS - (N)

NC - poor

Oriented, Conscious

Panchakarma Procedure

Adm

- Udvartan x 5 days
(Koromchukeeli churan)

Adm

- Slimfit Cap (AF)
1-1 (हृदय शक्ति)
(हृदय शक्ति)

- Anagya vari (AF)

1-1 (हृदय शक्ति)
(हृदय शक्ति)

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Secot 5,
Vaishali, Ghaziabad-201014

640, Ground Floor, Sector-5 Vaishali, Ghaziabad - 201014



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
Plot No 640, Ground Floor, Sector 5, Vaishali, Ghaziabad- 201014

UHID JS 2021611 OPD 2021940 Room No. 9 Date 15/10/21

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Ms. Kiran Devi
Name Of Father/Husband (पिता/पति का नाम) w/o - Mr. Bhagwan Singh
Date Of Treatment (उपचार की तिथि) 15/10/21 Time of Treatment (उपचार का समय) 3:00 pm Age (उम्र) 48 Sex (लिंग) F
Assistant Doctor (सहायक उपचारक) Self
Doctor Incharge (संचालक उपचारक) Dr. Sonam Kashyap
Treatment end Date (उपचार समाप्ति तिथि) 15/10/21 Time End Of Treatment (उपचार का समय समाप्त) 4:00 pm
Operation (If Any) No
Procedure (प्रक्रिया) Udvyatan
Diagnosis (रोग निश्चय) Obesity
Address & Phone No. (पता एवं फोन नं.) Sec-4, Vasant Vihar, Plot No-148
(9313457346)

Result	Cured/Relived	Investigation Only	Expired

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

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Jeena Sikho Lifecare Pvt Ltd) at my own risk and i am ready for the ayurveda treatment . I am giving my consent after understanding benefit and out come of treatment. the information given by me are absolutely correct .

मैं अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (अ यूनिट ऑफ जीना सिखो लाइफकेयर प्राइवेट लिमिटेड) क्लिनिक में दिवसीय उपचार के लिए भर्ती हो रहा 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 हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक) 15/10/21 Attendent (प्रत्यक्षी) Ms. Kiran Devi

Signature (हस्ताक्षर) Kiran Relationship with Patient (रोगी के साथ सम्बंध) Self

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014

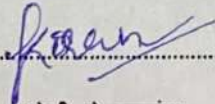
Terms & Conditions

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

नियम व शर्तें

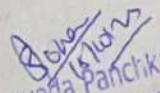
1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूंगा /करूंगी ।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी ।
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है । क्लिनिक 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).....19/10/21.....

Signature (हस्ताक्षर)..........

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

Witness(प्रत्यक्षी).....Ms. Kisan Devi.....


Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd)
Plot No 640, Ground Floor, Sector 5
Vaishali, Ghaziabad-201014

Prakurti Chart Form

UHID JS2021611 Room No. 9 Date 15/10/21

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

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

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

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

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


Shuddhi Ayurveda Panchkarma Clinic
 (A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
 Plot No 640, Ground Floor, Secot S,
 Vaishali, Ghaziabad-201014

PANCHKARMA CONSENT

UHID: JS2021611 OPD: 2021940 Room No. 2 Date: 15/10/21

Patient's Name (रोगी का नाम) Ms. Kiran Devi
Father's/ Husband's Name (पिता/पति का नाम) Mr. Bhagwan Singh
Date (दिनांक) 15/10/21 Age (उम्र) 48 Sex (लिंग) Female
Address & Phone no. (पता एवं फोन नं.) Sec-4, Vanandhu, Plot No-149 (9313457346)
Treatment Benefits (उपचार के लाभ) helps to reduce weight
Risk (जोखिम) aching body
Alternative (विकल्प) stop therapy immediately

हमें हमारी थैरेपी के बारे में पूर्णतः बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

जैसे :-

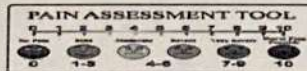
घुटनों में सूजन	☒	झनझनाहट	☒
पैरों में दर्द	☒	अकड़न	☒
पेट में भारीपन	☒	सुन्नपन	☒
कमर में दर्द	☒	उल्टी	☒
दर्द में वृद्धि	☒	दस्त	☒
बुखार आना	☒	बी.पी कम होना	☒

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

> थैरेपिस्ट का नाम थैरेपिस्ट 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 Therophis

> Therapist's Name: Ms. Ruby Therapist's Signature: [Signature]

> Doctor's Name: Dr. Sonam Bhatnagar Patient's Signature: [Signature]

> Witness: Ms. Kiran Devi Date: 15/10/21



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
Plot No 640, Ground Floor, Sector 5, Vaishali, Ghaziabad- 201014

Covid-19 Mandatory Self Declaration Form

Name : Ms. Kiran Devi Date : 15/10/21

Address : Sec-4, Vasundhara plot No.-149.

Age : 48 Contact Number : 9813457346 Gender : M/F F

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 Clinic (A Unit of Jeena Sikho Lifecare Pvt.Ltd) Clinic to fill-out the self-declaration form below.

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

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

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

No

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

No

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

consultation

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

No

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

No

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

No

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

Green

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

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

I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent 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.

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014

Signature

Kiran



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
Plot No 640, Ground Floor, Sector 5, Vaishali, Ghaziabad- 201014

UHID JS2021611 OPD 2021940 Room No. 2 Date 15/10/21

PROCEDURE

I. Ms. Kiran Devi W/o, S/o, D/o Mr. Bhagwan
R/O. Sec-4, Varanandpur, Plot No - 149
Date of Admission 15/10/21 Age 48 Sex Female
Has been clearly explained about the Procedure
By Dr. Sonam Kanhyap

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses for the procedure clearly. I have been explained about the procedure and in case of any emergency or further referral to any higher centre, the required expenses in that case will be paid by me. I am giving my consent for the procedure mention about.

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

डॉ..... ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया है। जिसमें आने वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम) Ms. Kiran Devi

Signature (हस्ताक्षर) Kiran

Date (दिनांक) 15/10/21

Place (स्थान) Uttar Pradesh

Witness (प्रत्यक्षी) Ms. Kiran Devi

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd)
Plot No 640, Ground Floor, Sector 5
Vaishali, Ghaziabad-201014

Doctor's Name (चिकित्सक नाम) Dr. Sonam Kanhyap

Signature (हस्ताक्षर) Sonam

Date (दिनांक) 15/10/21



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
Plot No 640,Ground Floor,Sector 5, Vaishali, Ghaziabad- 201014

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Name/नाम : Ms. Kiran Devi Age(आयु) 48 Sex(लिंग) F
OPD: 2021940 UHID No. 75202611
Address /पता: Sec - 4, Varunah, Plot NO - 149.
Phone No./ फोन नं.: 9313457346 Email / ईमेल :
Name of Doctor /डॉक्टर का नाम: Dr. Sonam Kashyap

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 ?	Good	
4.	During your problem did employee or staff respond you on time or not ? जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?	✓	
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 ? ईलाज 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 ?	Good	
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

No

Date: 13/10/21

Signature (Patient/Guardian)

Signature (Clinic Authority)

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014

Signature (MD/MS)

Signature (MD/MS)



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt. Ltd)
Plot No 640, Ground Floor, Sector 5, Vaishali, Ghaziabad- 201014

UHID: 151021611 OPD: 2021940 Room No: 2 Date: 13/10/21

PROCEDURE

Patient's Name (रोगी का नाम) Mr. Kiren Devi
Father's/Husband's Name (पिता/पति का नाम) Mr. Bhagwan Singh
Date (दिनांक) 13/10/21 Age (उम्र) 48 Sex (लिंग) F
Procedure Perform (प्रक्रिया) Udvartan
Provisional Diagnosis (रोग निश्चय) obesity
Final Diagnosis (रोग विनिश्चय) obesity
Doctor Name (चिकित्सक नाम) Dr. Sonam Kashyap
Therapist Name (सहायक नाम) Ms. Ruby

Details of Therapy :

Udvartan (Kottamchukadi Churan) x 5 days
(40 min).

- Slingit cap (After meal)
1-1 (मुझे - 21 मिन)
(15-15 मिन तक)
- Anagya rah (After meal)
1-1 (मुझे - 21 मिन)
(15-15 मिन तक)

Doctor's Name (चिकित्सक नाम) Dr. Sonam Kashyap

Date (दिनांक) 13/10/21

Signature (हस्ताक्षर)

[Signature]

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014

CHARGES CONCERN FORM

Name (नाम): Ms. Kireen Devi DOA (भर्ती की तारीख): 15/10/21

Age (उम्र): 42 Sex (लिंग): F UHID: JS2021611 OPD: 2021940

W/O, S/O, D/O (पिता/पति): Mr. Bhagwan Singh Day Panchkarma: Day Care

Consultant Name (चिकित्सक नाम): Dr. Sonam Kashyap

Provisional Diagnosis (रोग निश्चय): Obesity

Final Diagnosis (रोग विनिश्चय): Obesity

1. Procedure details (प्रक्रिया विवरण): Udvaatan

2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क):

3. Nursing Charges (नर्सिंग शुल्क):

4. Package Charges Procedure wise

A: Udvaatan x 1 day = 1700 x 1 = 1700

B:

C:

D:

E:

5. Doctor Fees (चिकित्सक शुल्क):

6. Medicine (approx) costing: 2550/-

7. Consumable (approx) charges:

8. Accessory (approx) charges:

9. Diet Charges (आहार शुल्क):

Total Estimated Package Rs. 4280/-

Patient Signature

Kiran

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014

Receptionist Signature

Bhanti

Shuddhi Ayurveda Pharmacy
(A Unit of Jeena Sikho Lifestyle Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014



UHID: JS 2021611

OPD: 2021940

Room No. 2

PH No. 0120 4779993 / 96546 50274

PROGRESS NOTES

15/10/21

Before

B.P.: 125/80 mmHg. therapy

P/R: 74/min 1/0 - Dr. Sonam Kashyap.

Temp.: 97.4

Pain: 2/10

Patient is Uncomfortable

- Feeling is heavy in body
- Overweight

Adv

- Udvartan (kottam chukadi churns).

Sonam
Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
Plot No 640, Ground Floor, Sector 5,
Vaishali, Ghaziabad-201014

B.P.:

P/R:

Temp.:

Pain:

After

Therapy

4/8/0 - Dr. Sonam Kashyap

Patient is feeling slight
Comfortable

- Patient feeling lighter
in body.

Patient got itching
whole body
because of Udvasta

So therapy stopped
and oral medicine
continue.