

### ADMISSION RECORD

|                                     |   |                     |                 |
|-------------------------------------|---|---------------------|-----------------|
| IPD No                              | : | 8                   |                 |
| UHID No                             | : | 771                 |                 |
| Full Name                           | : | ZEENAT BINDRA       |                 |
| DOB                                 | : | 15/05/1974 00:00:00 |                 |
| Gender                              | : | Male                | Age : 48        |
| Address                             | : |                     |                 |
| E-mail ID                           | : | @                   |                 |
| Nationality                         | : | India               | Mother Tounge : |
| Profession                          | : |                     |                 |
| Marital Status                      | : |                     |                 |
| Name of person<br>accompanied by    | : |                     |                 |
| Contact Tel                         | : |                     |                 |
| Admission Date                      | : | 02/04/2022          |                 |
| Suggested Duration of<br>Treatments | : |                     |                 |
| Bed Number                          | : |                     |                 |
| Chief Physician                     | : |                     |                 |
| Consulting Doctor                   | : |                     |                 |

FILE CHECK LIST

Patient Name: ZEENAT BINDRA.

MRN: 771.

| S no | Content                                                               | YES | No | No. Of Pages | Remarks |
|------|-----------------------------------------------------------------------|-----|----|--------------|---------|
| 1    | Registration Form                                                     | ✓   |    |              |         |
| 2    | General Consent Form/ PANCHKARMA CONSENT FORM                         | ✓   |    |              |         |
|      | PRAKURTI CHART FORM                                                   | ✓   |    |              |         |
| 3    | Referral /Transfer Form                                               |     | ✓  |              |         |
| 4    | Patient Initial Assessment Sheet                                      | ✓   |    |              |         |
| 5    | Plan of Care                                                          | ✓   |    |              |         |
| 6    | Visual Analog Scale Format (Pain )                                    |     | ✓  |              |         |
| 7    | Diet chart                                                            | ✓   |    |              |         |
| 8    | Progress Note                                                         | ✓   |    |              |         |
| 9    | Reassessment Notes                                                    | ✓   |    |              |         |
| 10   | Informed patient consent for therapy /procedure                       | ✓   |    |              |         |
| 11   | Pre procedure instruction sheet                                       | ✓   |    |              |         |
| 12   | Procedure /Treatment Notes and Post procedure /treatment instructions | ✓   |    |              |         |
| 13   | Drug chart                                                            | ✓   |    |              |         |
| 14   | Patient and / family member education form                            | ✓   |    |              |         |
| 15   | Discharge summary                                                     | ✓   |    |              |         |
| 16   | Investigation Results                                                 |     |    |              |         |
| 17   | Other                                                                 |     | ✓  |              |         |

Auditor name & Date:

*[Signature]*  
10-04-22

Consultant Name & Signature:



# ADMISSION REQUEST

|                                                                             |                                                                                                                              |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Patient Name: <u>ZEENAT BINDRA</u>                                          | MRN: <u>471</u>                                                                                                              |
| Consultant Name: _____                                                      | Date: <u>02/04/2022</u>                                                                                                      |
| Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> | Room Type: Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Multiple Bedded <input type="checkbox"/> |
| Primary Diagnosis: <u>THYROID, STRESS.</u>                                  |                                                                                                                              |
| Expected Date of Discharge: _____                                           |                                                                                                                              |
| Admitting Doctor                                                            |                                                                                                                              |
| Name: _____                                                                 |                                                                                                                              |
| Signature: <u>[Signature]</u>                                               |                                                                                                                              |
| Date: <u>02/04/2022</u>                                                     | Time: <u>6:00 Am.</u>                                                                                                        |



|                              |                      |
|------------------------------|----------------------|
| Patient Name                 | ZEE NAT BINDRA       |
| Treating Vaidya Name         |                      |
| Unique Identification Number | 741                  |
| OP/IP                        | OP                   |
| Date & Time                  | 02/04/2022 P 6:02 Am |

VAC /F-2/10-21

### General Consent Form

I, ZEE NAT BINDRA aged 46 years, here by consent to undergo treatment at , explained to me to my full knowledge in my own language about my condition, treatment procedures planned, the duration of treatment, do's & don'ts during the treatment procedure, the risk associated with the treatment procedure, the possible outcome, the services available at the , and the approximate cost of the treatment.

I agree to undergo the treatment procedures and abide by the instructions given to me by the treating Vaidya.

Patient rights and responsibilities explained to me in my understanding manner and language, I understood also, I am agreed to follow patient responsibilities and I will abide by the hospital / facility rules.

I also give consent to make timely payments of all dues of the hospital that are incurred from time to time during the management of patient in the hospital.

Date & Time : 2/04/2022 P 6:04 Am

Vaidya Name & Signature :

Witness Name & Signature :

Patient Name & Signature : Zee Nat Bindra

Parent / Guardian Name & Signature, if the patient is minor :



|                             |  |
|-----------------------------|--|
| रोगी का नाम                 |  |
| इलाज करने वाले वैद्य का नाम |  |
| विशिष्ट पहचान संख्या        |  |
| ओ पी /आई पी                 |  |
| तिथि एवं समय                |  |

VAC /F-2/10-21

### सामान्य सहमति प्रपत्र

मैं ..... आयु ..... वर्ष, यहाँ सहमति से गुजरना  
 मैं उपचार ने मुझे मेरी स्थिति, नियोजित उपचार प्रक्रियाओं, उपचार की अवधि, उपचार प्रक्रिया के दौरान  
 क्या करें और क्या न करें, उपचार प्रक्रिया से जुड़े जोखिम के बारे में मेरी अपनी भाषा में पूरी जानकारी के साथ समझाया। संभावित परिणाम,  
 चुनावन आयुर्वेद चिकित्सालय में उपलब्ध सेवाएं और उपचार की अनुमानित लागत।

मैं उपचार प्रक्रियाओं से गुजरने और मेरे द्वारा दिए गए निर्देशों का पालन करने के लिए सहमत हूँ।

वैद्य का इलाज रोगी के अधिकारों और जिम्मेदारियों को मेरी समझ और भाषा में समझाया, मैं भी समझ गया, मैं रोगी जिम्मेदारियों का पालन  
 करने के लिए सहमत हूँ और मैं अस्पताल/सुविधा नियमों का पालन करूँगा।

मैं अस्पताल में रोगी के प्रबंधन के दौरान समय-समय पर होने वाले अस्पताल के सभी बकाए का भुगतान करने के लिए भी सहमति देता हूँ।

तिथि एवं समय :

वैद्य का नाम एवं हस्ताक्षर :

साक्षी का नाम एवं हस्ताक्षर :

मरीज का नाम एवं हस्ताक्षर :

मातापिता /अभिभावक का नाम एवं हस्ताक्षर, यदि रोगी नाबालिग है :



# PANCHKARMA CONSENT (पंचकर्म सहमति)

UHID..... 741..... IPD..... 741..... Bed No..... R.1110..... Date..... 02/04/2022

Patient Name (रोगी का नाम)..... ZEENAT BINDRA.....  
Name of W/O, D/O, S/O (पिता/पति का नाम)..... KASUMI LAL BINDRA.....

Address & Phone No. (पता एवं फोन नं.).....  
DOA (भर्ती की तिथि)..... 02/04/2022..... TOA (भर्ती का समय)..... 5:00 PM..... Age (उम्र)..... 46 Yrs..... Sex (लिंग)..... Female.....

Treatment Benefits (उपचार के लाभ)..... Stiffness of Body will decrease & Blood supply improve.....  
Risk (जोखिम)..... Pain Stiffness may increase.....

Alternative (विकल्प)..... Stop warming therapy & rectification will be done.....  
We are informed about the therapy & also about the complication in which e.g.,

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 :-

- |                                                                 |                                                        |
|-----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Fever (बुखार आना)                      | <input type="checkbox"/> Tingling sensation (झनझनाहट)  |
| <input type="checkbox"/> Tenderness in abdomen (पेट में भारीपन) | <input type="checkbox"/> Tenderness (अकड़न)            |
| <input type="checkbox"/> Backache (कमर में दर्द)                | <input checked="" type="checkbox"/> Numbness (सुन्नपन) |
| <input type="checkbox"/> Increase pain (दर्द में वृद्धि)        | <input type="checkbox"/> Vomiting (उल्टी)              |
| <input type="checkbox"/> Decrease B.P (बी.पी कम होना)           | <input type="checkbox"/> 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 ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः ज़िम्मेदारी मेरी स्वयं की होगी। मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया गया है। मैं अपने अपने खर्च के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातव होगा। मैं अस्पताल में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

➤ Doctor's Signature (डाक्टर के हस्ताक्षर).....  
हस्ताक्षर)..... ZB.....

➤ Patient's Signature (रोगी के)..... Zeenat Bindra.....



# Prakurti Chart Form

UHID.....709..... IPD.....709..... BED NO.....R1110..... DATE.....02/04/2022.....

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

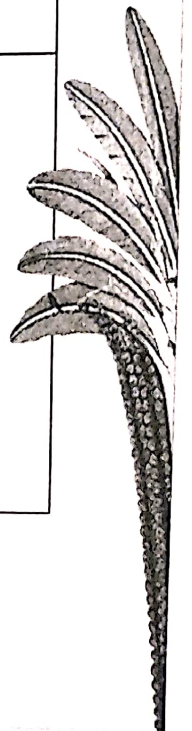
1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to cold air or hot sun.
9. Avoid 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.

|                              |                       |
|------------------------------|-----------------------|
| Patient Name                 | ZEENAT BINDRA.        |
| Treating Vaidya Name         |                       |
| Unique Identification Number | 441.                  |
| OP/IP/Emergency              | A.P.                  |
| Admitted Location            | RIILO.                |
| Date & Time                  | 02/04/2022 @ 6:06 Am. |

VAC /F-4/10-21

Patient Initial Assessment Sheet

|                            |                                                                                                                                                                                                     |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chief complaints           | <p>c/o Thyroid since 10-12 Years<br/>         Thyroxine 100mg once daily.<br/>         Indigestion since 2 Years back.<br/>         Stress since 1 Years back..<br/>         Stiffness of body.</p> |
| History of present illness | <p>Firstly Thyroid since 10-12 Years<br/>         then after stress &amp; then<br/>         after indigestion &amp; then<br/>         Hair fall &amp; the stiffness of<br/>         Body.</p>       |
| Vital signs                | <p>Wt → 78.6 Kg.<br/>         B.P → 130/90 mmHg.<br/>         Pulse → 80/min.<br/>         R.R → 16/min.</p>                                                                                        |





System Examination details

S. L. R. DONE -  
(-ve).

| Pain Score                                 | No.                                                                                                                                                                                                                                                                                                                                                                                                      |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|--|------------------|------|-------------|-----------------|-----------|--------|------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Nutritional risk                           | No.                                                                                                                                                                                                                                                                                                                                                                                                      |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Is patient vulnerable? If yes mention type | No.                                                                                                                                                                                                                                                                                                                                                                                                      |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Previous Medications                       | <table border="1"> <thead> <tr> <th>Name of the drug</th> <th>Dose</th> <th>Route /Site</th> <th>Frequency /Time</th> </tr> </thead> <tbody> <tr> <td>Thyroxine</td> <td>100mg.</td> <td>ORAL</td> <td>ONCE DAILY.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |             |                 |  | Name of the drug | Dose | Route /Site | Frequency /Time | Thyroxine | 100mg. | ORAL | ONCE DAILY. |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of the drug                           | Dose                                                                                                                                                                                                                                                                                                                                                                                                     | Route /Site | Frequency /Time |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Thyroxine                                  | 100mg.                                                                                                                                                                                                                                                                                                                                                                                                   | ORAL        | ONCE DAILY.     |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
|                                            | Any allergies: No any food & Drug Allergy.                                                                                                                                                                                                                                                                                                                                                               |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Provisional Diagnosis                      | THYROID.                                                                                                                                                                                                                                                                                                                                                                                                 |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Vaidya Name & Signature:                   | DR. AKANKSHA & <i>Akanksha</i>                                                                                                                                                                                                                                                                                                                                                                           |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Date & Time:                               | 02/04/2022 & 6:07                                                                                                                                                                                                                                                                                                                                                                                        |             |                 |  |                  |      |             |                 |           |        |      |             |  |  |  |  |  |  |  |  |  |  |  |  |



|                              |                      |
|------------------------------|----------------------|
| Patient Name                 | LEENAT BINDRA.       |
| Treating Vaidya Name         |                      |
| Unique Identification Number | 441.                 |
| OP/IP/Emergency              | A.P.                 |
| Admitted Location            | R1110.               |
| Date & Time                  | 02/04/2022 4 6:08 Am |

VAC /F-5/10-21

Plan of Care

| Problem     | Planned intervention /treatment | Nature of care (Preventive/Curative /Investigative /Rehabilitative) | Desired Result     |
|-------------|---------------------------------|---------------------------------------------------------------------|--------------------|
| THYROID.    | KALARI UZHICHIL                 | CURATIVE                                                            | Stiffness reduced. |
| INDIGESTION | NETRA DHARA.                    | "                                                                   | from orange        |
| STRESS      | SHIRODHARA                      | "                                                                   | 10 to 9.           |
| STIFFNESS.  |                                 | "                                                                   | Hair fall          |
|             |                                 |                                                                     | reduced.           |
|             |                                 |                                                                     |                    |
|             |                                 |                                                                     |                    |
|             |                                 |                                                                     |                    |
|             |                                 |                                                                     |                    |
|             |                                 |                                                                     |                    |

Vaidya Name & Signature :

Consultant Name & Signature :

Date & Time : 02/04/2022 4 6:10 Am.



## VITAL CHART

PATIENT NAME : ZEENAT BENDRA. GENDER : Female DOA : 02/04/2022 UHID NO. : 971

[illegible]



|                              |                       |
|------------------------------|-----------------------|
| Patient Name                 | ZEENAT BINDRA         |
| Treating Vaidya Name         |                       |
| Unique Identification Number | 441                   |
| OP/IP/Emergency              | A.P.                  |
| Admitted Location            | R.I.L.P.              |
| Date & Time                  | 02/04/2022 P 6:12 Am. |

VAC /F-7/10-21

### Diet Chart

Patient Name: ZEENAT BINDRA Age/Gender: 46/F.

Diagnosis: THYROID & STRESS.

Height: 165 cm.

Weight: .....

### Meal Type

### Meal Items

Breakfast:

POHA / UPMA / CHUTNEY.

Lunch:

ONE CHAPPATI / MIX VEGETABLE

Dinner:

KITCHDI / DALIA

Items to Avoid:

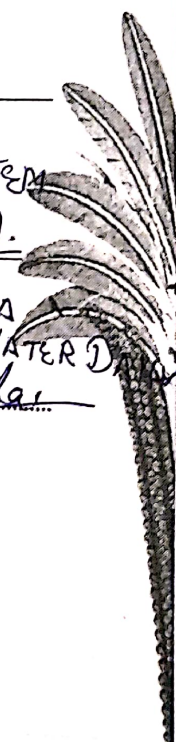
ALL KIND OF BAKERY ITEM  
To Avoid.

Items to Include:

JEERA + AJWAIN + ELA + KADI PATA  
3L BOILED WATER

Date, Time & Signature of Vaidya: ...

02/04/2022 P 6:14 Am P. [Signature]



# DAILY DIET CHART

02/04 03/04 04/04 05/04 06/04 07/04 08/04 09/04

|   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|--|--|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |  |  |
|   |   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |  |  |



UHID: 771

No.

OPD: 771

Room No. R1110 PH

### PROGRESS NOTES

DATE: 2/04/2022.  
TIME: 7:00 Am.  
B.P.: 120/80 mmHg.  
Pulse: 78/min.  
Temp.: 98.5°F.  
Pain: No.

\* Thyroid Since 10-12 years back.  
Indigestion Since 2 years back.  
Stress Since 1 year back.  
STIFFNESS of the Body.

Adv. 8:00 to 10:30 Am.

1) KALARI UZHICHIL

2) DHANWANTHARAM

- Rx →
- 1) SUKUMARAM KASHAYAM 15 ML TWICE DAILY. + SAHACHARADI + KARPOORADI THAILAM X 4.
  - 2) VARUNADI KASHAYAM TAB. 2 TAB. 2) NETRA DHARA 2) BRUHATH TRIPHALA  
KASHAYAM TWICE DAILY. CHOORNAM. X 15 Min.
  - 3) THYROCALM TAB 2 TAB TWICE DAILY. 3) SHIRODHARA 2) KSHEERBALA THAILAM  
X 45 Min.
  - 4) MENOREX TAB 2 TAB TWICE DAILY.
  - 5) SARASWATA ARISHTAM 25 ML TWICE DAILY.

DATE: 02/04/2022.

TIME: 5:30 P.m.

B.P.: 130/90 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: No.

\* Relief after Panchkarma

Therapy.

\* Stiffness of the Body  
will be reduced.

Adv. 8:00 to 10:30 Am.

02/04/2022  
5:32 P.m. 2)

- 1) KALARI UZHICHIL 2) DHANWANTHARAM  
+ SAHACHARADI + KARPOORADI THAILAM X 45 Min.
- 2) NETRA DHARA 2) BRUHATH TRIPHALA.  
CHOORNAM X 15 Min.
- 3) SHIRODHARA 2) KSHEERBALA THAILAM  
X 45 Min.



UHID: 771

OPD: 771

Room No. R.1110

PH No.

### PROGRESS NOTES

DATE: 03/04/2022

TIME: 7:05 Am.

B.P.: 130/90 mmHg.

Pulse: 78/min.

Temp.: 98.5°F.

Pain: No.

\* Relief After Panchkarma

Therapy.

\* Stiffness of the Body will be reduced.

Adv. →

1) KALARI UZHICHIL + DH + SAHA + KARPOORADI

THAILAM X 45 Min.

2) NETRA DHARA + BROHATH TRIPHALA CHOORNAM. X 45 Min

3) SHIRODHARA + KSHEEERABALA THAILAM. X 45 Min.

03/04/2022  
7:07 Am.

DATE: 03/04/2022

TIME: 6:05 P.m.

B.P.: 120/80 mmHg.

Pulse: 76/min.

Temp.: 98.4°F.

Pain: No.

\* Relief After Panchkarma

Therapy.

\* Stiffness of the Body will be reduced.

Adv. →

1) KALARI UZHICHIL + DH + SAHA + KARPOORADI THAILAM X 45 Min

2) NETRA DHARA + BROHATH TRIPHALA CHOORNAM X 45 Min.

3) SHIRODHARA + KSHEEERABALA THAILAM X 45 Min.

03/04/2022  
6:07 P.m.

UHD: 771

OPD: 771

Room No. R1110 PH

No

### PROGRESS NOTES

DATE: 04/04/2022.

TIME: 8:05 Am.

B.P.: 125/85 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: No.

\* Relief After Panchkarma

Therapy.

\* Stiffness of the body will be reduced from 10 to 8.

Adv →

1) KALARI UZHICHIL + D.H. + SAHA + KARPOORADI  
THAILAM X 45 Min.

04/04/2022  
8:07 Am.

2) NETRA DHARA + BRUHATH TRIPHALA  
CHODNAM X 15 Min.

3) SHIRODHARA + KSHEEERBALA THAILAM  
X 45 Min.

DATE: 04/04/2022.

TIME: 6:05 P.m.

B.P.: 120/80 mmHg.

Pulse: 78/min.

Temp.: 98.5°F.

Pain: No.

\* Relief After Panchkarma

Therapy.

\* Stiffness of the body will be reduced from 10 to 4.

Adv →

1) KALARI UZHICHIL + D.H. + SAHA + KARPOORADI  
THAILAM X 45 Min.

2) NETRA DHARA + BRUHATH TRIPHALA  
CHODNAM X 15 Min.

3) SHIRODHARA + KSHEEERBALA  
THAILAM X 45 Min.

04/04/2022

6:07 P.m.

UHID: 771

OPD: 711

Room No. R1110 PH

No.

### PROGRESS NOTES

DATE: 05/04/2022

TIME: 7:40 Am.

B.P.: 130/90 mmHg.

Pulse: 78/min.

Temp.: 98.5°F.

Pain: No.

\* Relief After PanchKarma

Therapy.

\* Stiffness of the body will be reduced range 10 to 6.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

Adv. → 1) KALARI UZHICHIL + DHANWANTHARAM +  
SAHACHACHARADI + KARPOORADI THAILAM  
2) NETRA DHARA + BRUHATH X 45 MIN.  
TRIPHALA CHOORNAM X 15 MIN.  
3) SIRODHARA + KSHEERBALA THAILAM X 45 MIN.

05/04/2022  
7:42 Am.

DATE: 05/04/2022

TIME: 5:55 P.m.

B.P.: 125/85 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: No.

\* Relief After PanchKarma

Therapy.

\* Stiffness of the body will

be reduced range 10 to 5.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

05/04/2022  
5:57 P.m.

Adv. → 1) KALARI UZHICHIL + DH + SAHA + KARPOORADI  
THAILAM X 45 MIN.  
2) NETRA DHARA + BRUHATH TRIPHALA CHOORNAM X 15  
3) SIRODHARA + KSHEERBALA THAILAM X 45 MIN.



UHID: 771

No.

OPD: 771

Room No. 2110 PH

### PROGRESS NOTES

DATE:

06/04/2022.

TIME:

7:45 Am.

B.P.:

125/85 mmHg.

Pulse:

78/min.

Temp.:

98.4°F.

Pain:

No.

\* Relief After Panchkarma

Therapy.

\* Stiffness of the body will be reduced range 10 to 5.

\* Appetite → Good.

Bowel → Semi constipated.

Sleep → Good.

06/04/2022.  
7:47 Am.

Adv. 1) KALARI UZHICHIL & DHANWANTHARAM  
+ SAHACHARADI + KARPOORADI THAILAM X 45 min.

2) NETRA DHARA & BRUHATH TRIPHALA  
CHOORNAM, X 15 min.

3) SIRODHARA & KSHEERBALA THAILAM  
X 45 min.

\* Relief After Panchkarma

Therapy.

Appetite → Good.

Bowel → Semi Constipated.

Sleep → Good.

DATE:

06/04/2022

TIME:

6:00 P.m.

B.P.:

130/90 mmHg.

Pulse:

80/min.

Temp.:

98.5°F.

Pain:

No.

06/04/2022  
6:05 P.m.

Adv. 1) KALARI UZHICHIL & DHANWANTHARAM

+ SAHACHARADI + KARPOORADI THAILAM X 45 min.

2) NETRA DHARA & B. T. CHOORNAM X 15 min.

3) SIRODHARA & KSHEERBALA THAILAM

UHID: 771

No.

OPD: 771

Room No. R1110 PH

### PROGRESS NOTES

DATE: 07/04/2022  
TIME: 4:40 Am.  
B.P.: 125/85 mmHg.  
Pulse: 80/min.  
Temp.: 98.4°F.  
Pain: No

07/04/2022  
7:42 Am.

DATE: 07/04/2022  
TIME: 6:05 Am.  
B.P.: 130/90 mmHg.  
Pulse: 78/min.  
Temp.: 98.5°F.  
Pain: No

07/04/2022  
6:07 P.m.

\* Relief After Panchkarma  
Therapy.

\* Stiffness reduced from  
orange 10 to 6.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

Adv. → 1) KALARI UZHICHIL + DHANWANTHAR  
+ SAHACHARADI + KARPOORADI THAILAN  
2) NETRA DHARA + BRUHATH  
TRIPHALA CHOORNAM X 15 Min.  
3) SIRODHARA + KSHEERBALA  
THAILAM X 15 min.

\* Relief After Panchkarma  
Therapy.

\* Stiffness reduced from  
orange 10 to 6.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

Adv. → C.S.T.

771  
UHID: 771

No.

OPD: 771

Room No. P1110 PH

### PROGRESS NOTES

DATE: 08/04/2022  
TIME: 9:00 Am.  
B.P.: 125/85 mmHg.  
Pulse: 80/min.  
Temp.: 98.5°F.  
Pain: No.

\* Relief After Panchkarma  
Therapy.

\* Stiffness reduced from  
range 10 to 6.

Appetite → Good

Bowel → Normal.

Sleep → Good.

Adv. →

- 1) KALARI UZHICHIL +  
DHANWANTHARAM + SAHACHARI  
+ KARPOORADI THAILAM X45
- 2) NETRA DHARA + BRUHATH  
TRIPHALA CHOORNAM X15 Min.
- 3) SHIRODHARA + KSHEERBA  
THAILAM X45 Min

DATE: 08/04/2022  
TIME: 6:00 P.m.  
B.P.: 130/90 mmHg.  
Pulse: 78/min.  
Temp.: 98.4°F.  
Pain: No.

\* Relief After Panchkarma  
Therapy.

\* Stiffness reduced from  
range 10 to 5.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

Patient condition is better. Plan for Tomorrow Discharge. Adv. → C.S.T.



UHID: 771

OPD: 771

Room No. R1110 PH

No.1

### PROGRESS NOTES

DATE: 09/04/2022.  
TIME: 8:00 Am.  
B.P.: 120/80 mmHg  
Pulse: 78/min.  
Temp.: 98.5°F.  
Pain: No.

\* Relief After PanchKarma  
Therapy.  
\* Stiffness reduced from  
orange to 10/5.

Appetite → Good.

Bowel → Normal

Sleep → Good.

it Condition is

ter for Discharge.

09/04/2022.  
8 Am.

DATE:  
TIME:  
B.P.:  
Pulse:  
Temp.:  
Pain:

|                              |                       |
|------------------------------|-----------------------|
| Patient Name                 | ZEENAT BENDRA.        |
| Treating Valdya Name         | DR. AKANKSHA.         |
| Unique Identification Number | 776.                  |
| OP/IP                        | A.P.                  |
| Admitted Location            | R.L.10                |
| Date & Time                  | 02/04/2022 @ 6:10 Am. |

VAC /F-8/10-21

### Reassessment Notes

Each time notes should dated, signed and named by Valdya

| Date & Time            | Patient Response to the treatment /intervention        | Desired Results Met/Not | Further Care Plan                     | Dr's Sign    |
|------------------------|--------------------------------------------------------|-------------------------|---------------------------------------|--------------|
| 02/04/2022 @ 5:30 P.m. | Stiffness reduced from orange 10 to 9.                 | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 03/04/2022 @ 5:00 P.m. | Stress reduced.                                        | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 04/04/2022 @ 4:00 P.m. | Stiffness reduced from orange 10 to 8.                 | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 05/04/2022 @ 3:00 P.m. | Stress reduced.                                        | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 06/04/2022 @ 3:30 P.m. | Stiffness reduced from orange 10 to 6.                 | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 07/04/2022 @ 3:00 P.m. | Feeling better.                                        | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 08/04/2022 @ 3:10 P.m. | Feeling better. Stiffness reduced from orange 10 to 5. | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |
| 09/04/2022 @ 10:00 Am  |                                                        | Met.                    | Treatment continued as per care plan. | Dr. Akanksha |

|                              |                      |
|------------------------------|----------------------|
| Patient Name                 | ZEENAT BINDRA.       |
| Treating Vaidya Name         |                      |
| Unique Identification Number | 771.                 |
| OP/IP                        | A.P.                 |
| Admitted Location            | R1110.               |
| Date & Time                  | 02/04/2022. 6:12 Am. |

VAC/F-9/10-21

Informed Patient Consent for Therapy or Procedure

I ZEENAT BINDRA UHID 771 Age 4.6 years Husband/Wife/father ✓  
 Name KASMIIRUL BINDRA hereby declare that the Vaidya ..... has  
 explained the surgery KALARI UZHICHIL, SIRODHARI possible complications, known benefits,  
 expected results and consequences if not treated.

1. Procedure details (nature of the procedure):

- 1) KALARI UZHICHIL + DH + SAHA + KARPOORADI THAI
- 2) SHIRODHARI + KSHEERBALA THAILAM.
- 3) NETRA DHARA + BRUHATH TRIPHALA CHOORNAM.

2. Necessity:

To reduce the stiffness.

3. Expected Results:

Stiffness will be reduced.

4. Possible complications:

Allopathic treatment.

5. Alternatives:

Stiffness can increase.

6. Consequences if not treated:

7. Right to refuse therapy /procedure: Explained to the Patient.

|                           |                                                      |
|---------------------------|------------------------------------------------------|
| Witness name & Signature: | Patient name & Signature:<br><u>Zeenaat Bindra..</u> |
|---------------------------|------------------------------------------------------|



|                              |                        |
|------------------------------|------------------------|
| Patient Name                 | ZEENAT BINDRA.         |
| Treating Vaidya Name         |                        |
| Unique Identification Number | 771.                   |
| OP/IP                        | A.P.                   |
| Admitted Location            | R1 110.                |
| Date & Time                  | 08/04/2022. P 6:13 Am. |

**Declaration:** I declare that I have informed patient of the p  
including known benefits and possible complications.

|              |                       |
|--------------|-----------------------|
| Date & Time: | 08/04/2022 P 6:14 Am. |
|--------------|-----------------------|

Consent for Patient Representative/Surrogate

No.

The patient is unable to give consent because .....

.....

And I, ..... (name/relationship to the patient), therefore,  
consent for the patient. I acknowledge that I have had an opportunity to discuss the procedure  
as stated above, with the doctor or doctor's designee and hereby consent to this procedure.

|                                          | Name | Signature | Date | Time |
|------------------------------------------|------|-----------|------|------|
| Doctor                                   |      |           |      |      |
| Patient representative with relationship |      |           |      |      |
| Witness                                  |      |           |      |      |



TREATING VAIDYA NAME -

| PANCHKARMA TREATMENT PLAN |                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| POORVA KARMA              |                                                                                                                                                                                    |
| TREATMENT DAYS            | 1) <u>KALARI</u> <u>UZHICHIL</u> & <u>DHANWANTHARAM</u> + <u>SAHACHARADI</u> + <u>KARPOORADI</u> <u>THAILAM</u> .                                                                  |
| RISK BENEFITS             | <u>BENEFITS</u> → Stiffness decrease, Blood circulation ↑.                                                                                                                         |
| NEXT FOLLOW UP ADVICE     | <u>Risk</u> → Stiffness may be increase.                                                                                                                                           |
| NEXT FOLLOW UP DATE       | Admission advised.                                                                                                                                                                 |
| PRADHA KARMA              |                                                                                                                                                                                    |
| TREATMENT DAYS            | 2) <u>SIRODHARA</u> & <u>KSHEERBALA</u> <u>THAILAM</u> .                                                                                                                           |
| RISK BENEFITS             | <u>BENEFIT</u> → Relieving the associated stress anxiety & depression immediately decrease.                                                                                        |
| NEXT FOLLOW UP ADVICE     | <u>Risk</u> → No Risk found in Sirodhara.                                                                                                                                          |
| NEXT FOLLOW UP DATE       | 3) <u>BRUHAHA</u> <u>TRIPHALA</u> <u>CHOORNAM</u> & <u>NETRA DHARA</u> .<br><u>BENEFIT</u> → Improving the strength of eyes.                                                       |
| PASCHAT KARMA             |                                                                                                                                                                                    |
| TREATMENT DAYS            | <u>Diet</u> → <u>Liquid</u> → Soup, Juices <u>Semi Solid</u> → Kitchdi, Dalia.<br><u>Rx</u> → 1) <u>SUKUMARAM</u> <u>KASHAYAM</u> 15 ML + 60 ML WATER.<br>6 AM & 6 PM Before food. |
| RISK BENEFITS             | 2) <u>VARUNADI</u> <u>KASHAYAM</u> TAB 2 TAB. with Kashayam<br>6 AM & 6 PM Before food.                                                                                            |

Reg. No. 6145.  
02/04/2022.

- 3) THYROCALM TAB. 2 TAB 8 AM & 8 PM & Normal water After food.
  - 4) MENOREX 2 TAB 8 AM & 8 PM & Normal water After food.
  - 5) SARASWAHA ARISHTHAM 25 ML 8:30 AM & 9:00 AM Normal water After food.
- Leemat Bindra

|                              |                     |
|------------------------------|---------------------|
| Patient Name                 | ZEE NAT BINDRA      |
| Treating Valdy Name          |                     |
| Unique Identification Number | 741                 |
| OP/IP                        | A.P.                |
| Admitted Location            | R.I.I.              |
| Date & Time                  | 02/04/2022, 6:15 Am |

VAC /F-10/10-21

### Pre-Procedure Instructions

| Date & Time           | Instructions                                                                                                                    | Valdya Sign & Full Name |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 02/04/2022<br>6:15 Am | Stop eating<br>for a certain<br>period of time of<br>treatment.<br>(Before 3 hour of<br>treatment onwards No<br>intake of food) |                         |

### Pre procedure check list

Name of the patient: ZEE NAT BINDRA Age: 48 Sex: M / F

UHID: 741 Diagnosis: THYROID & STEN.

Planned procedure/intervention: KALARI UZHICHIL, NETRA DHARA, SHIRODHARA.

Site Confirmed : Yes/ No/NA

Informed consent : Yes/ No/NA

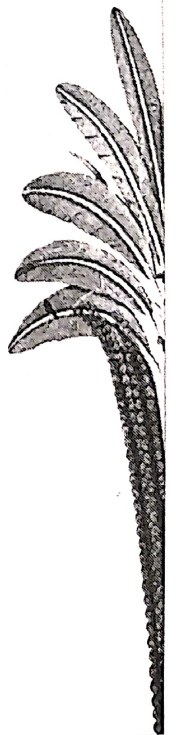
Site preparation : Yes/ No/NA

Required PPE : Yes/ No/NA

Required materials availability : Yes/ No/NA

Staff Sign & Full Name :

Date & Time : 02/0





|                              |                      |
|------------------------------|----------------------|
| Patient Name                 | ZELNAT BENDRA.       |
| Treating Valdyia Name        | DR. AKHINIKSHA.      |
| Unique Identification Number | YLL.                 |
| OP/IP                        | A.P.                 |
| Admitted Location            | RILO.                |
| Date & Time                  | 02/04/2022, 6:18 Am. |

VAC /F-11/10-21

Procedure/Treatment Notes : 1) KALARI UZHICHIL E DH  
+SANA + KARORADI THAILAM.  
2) NETRA TRAPNA E B.T. CHOORNAM.  
3) SIRODHARA E KSHEEERBALA THAILAM

Post Procedure/Treatment Instructions :

COMPLETE BED Rest.

Staff Sign & Full Name:

Date & Time :

02/04/2022 E 6:19 Am.

Shruthy

Nitya.

Pooja.

Rimpy



|                              |                     |
|------------------------------|---------------------|
| Patient Name                 | ZEENAT BINDRA.      |
| Treating Vaidya Name         |                     |
| Unique Identification Number | 771.                |
| OP/IP                        | A.P.                |
| Admitted Location            | R1110.              |
| Date & Time                  | 02/04/2022 6:21 Am. |

VAC/F-13/10-21

### Patients and / or family members education form

Patient treatment, his/her special clinical needs to be identified and education should be provided

Safe and effective Use of Medication

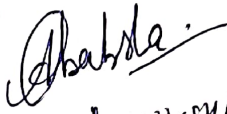
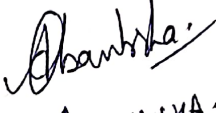
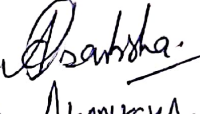
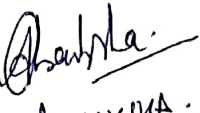
Potential side effects of medication

Food - medicine Interaction

Education on Pathyakhara and Poshana

Disease process, Complications and Preventive strategies

Preventing infections

| Date & Time             | Details of Education Provided              | Staff Sign & Full Name                                                                                | Patient /Relative Sign and Name |
|-------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------|
| 02/04/2022.<br>7:00 Am. | Be on light diet at the time of treatment. | <br>DR. AKANKSHA  | Zeerat Bindra.                  |
| 03/04/2022<br>7:05 Am.  | Avoid oily food.                           | <br>DR. AKANKSHA. | Zeerat Bindra.                  |
| 04/04/2022<br>7:10 Am.  | Avoid stress & strain during treatment.    | <br>DR. AKANKSHA. | Zeerat Bindra                   |
| 05/04/2022<br>7:40 Am.  | Take more drinking water.                  | <br>DR. AKANKSHA. | Zeerat Bindra.                  |
| 06/04/2022<br>7:45 Am.  | Avoid milk product                         | <br>DR. AKANKSHA  | Zeerat Bindra.                  |



| Date & Time              | Detail of Education Provided.             | Staff Sign & Full Name | Patient / Relative Sign & Name. |
|--------------------------|-------------------------------------------|------------------------|---------------------------------|
| 07/04/2022<br>& 7:50 Am. | Avoid all Kind of Bakery item.            | <i>Abhishek</i>        | <i>Zeened T Sindhu</i>          |
| 08/04/2022<br>& 7:40 Am. | Be on light diet at the time of treatment | <i>Abhishek</i>        | <i>Zeened T Sindhu</i>          |
| 09/04/2022<br>& 7:30 Am. | Take more drinking water.                 | <i>Abhishek</i>        | <i>Zeened T Sindhu</i>          |

new

(74)

|                              |                       |
|------------------------------|-----------------------|
| Patient Name                 | ZEENAT BINDRA         |
| Treating Vaidya Name         |                       |
| Unique Identification Number | 771                   |
| OP/IP                        | A. P.                 |
| Admitted Location            | R1110.                |
| Date & Time                  | 02/04/2022 P 7:00 Am. |

VAC /F-14/10-21

**DISCHARGE SUMMARY (NORMAL/LAMA/DAMA)**

|                                 |                          |                                  |
|---------------------------------|--------------------------|----------------------------------|
| Patient Name :<br>ZEENAT BINDRA | Age & Sex :<br>46 PF.    | MRN :<br>771.                    |
| Doctor:                         | Admitted Area :<br>WARD. | Date :<br>09/04/2022             |
| Weight :                        | Allergies :              | Diagnosis :<br>THYROID & STRESS. |

Reason for Admission: c/o Thyroid Since 10 - 12 Years.

Indigestion Since 2 Years back.

Stress Since 1 Years back.

Significant Findings:

Stiffness of body.

Diagnosis: THYROID & STRESS.

Procedures Performed:

- 1) KALARI UZHICHIL X 8 days.
- 2) SHIRODHARA X 8 days.
- 3) NETRA DHARA X 8 days.

Investigations:

No.

|                              |                        |
|------------------------------|------------------------|
| Patient Name                 | ZEENAT BINDRA          |
| Treating Vaidya Name         |                        |
| Unique Identification Number | 771.                   |
| OP/IP                        | A.P.                   |
| Admitted Location            | R1110.                 |
| Date & Time                  | 09/04/2022 @ 10:00 Am. |

#### Medications Given During Course of Hospitalization

- 1) SUKUMARAM KASHAYAM 15 ML + 60 ML WATER 6 Am & 6 P.m. Before food
- 2) VARANADI KASHAYAM TAB 2 TAB c KASHAYAM 6 Am & 6 P.m Before food
- 3) THYROCALM TAB 2 TAB 8 Am & 8 P.m After food c Normal Water.
- 4) MENOREX TAB 2 TAB 8 Am & 8 P.m After food c Normal Water.
- 5) SARASWATA ARISHTAM 25 ML 8 Am & 8 P.m After food.

#### Condition at the Time of Discharge:

\* Patient is perfectly fine & also experienced to reduced stress.

#### Discharge Medications:

- 1) SUKUMARAM KASHAYAM 15 ML + 60 ML Lukewarm WATER 6 Am & 6 P.m. Before food
- 2) VARANADI KASHAYAM TAB 2 TAB mixed c KASHAYAM 6 Am & 6 P.m. Before food.
- 3) THYROCALM TAB 2 TAB c. NORMAL WATER 8 Am & 8 P.m After food.
- 4) SARASWATA ARISHTAM 25 ML c NORMAL WATER 8 Am & 8 P.m. After food.

#### Follow up Care:

- 1) Avoid Milk, Milk Product & all other Bakery item.
- 2) Take more drinking water.
- 3) Avoid junk food.



|                              |                        |
|------------------------------|------------------------|
| Patient Name                 | ZEENAT BINDRA          |
| Treating Valdya Name         | DR. ANANIKSHA          |
| Unique Identification Number | 711.                   |
| OP/IP                        | A.P.                   |
| Admitted Location            | R1110.                 |
| Date & Time                  | 09/04/2022 P 10:10 Am. |

**Consequences of (NORMAL/LAMA/DAMA)**

|   |     |
|---|-----|
| 1 |     |
| 2 |     |
| 3 | NIL |
| 4 |     |
| 5 |     |

Call 01795.667166. in case of emergency. Get advice if any signs  
 Stiffness all over the body or symptoms  
 Stress arises.

Issued By  
 Doctor Name & Signature:

Date & Time: 09/04/2022 P 10:30 Am.

Discharge Summary received by  
 Patient/Relative Name & Signature:

Zeerat Bindra



## TREATMENT PROGRAMME.

NAME : Mrs. Zeenat Bindra

Age-48

SEX : Female

Room No -110

Treatment Suggested: for 8 days.

| Date: | Treatments:                                                           | Time: | Remarks:       |
|-------|-----------------------------------------------------------------------|-------|----------------|
| 02/04 | Uzhichil + Netra Dhara + Shirodhara                                   | 8 am  | Procedure Done |
| 03/04 | SHRUTHY, NITHYA, POOJA, RIMPI.<br>Uzhichil + Netra Dhara + Shirodhara | 8 am  | ✓              |
| 04/04 | SHRUTHY, NITHYA, POOJA, RIMPI.<br>Uzhichil + Netra Dhara + Shirodhara | 8 am  | ✓              |
| 05/04 | SHRUTHY, NITHYA, POOJA, RIMPI.<br>Uzhichil + Netra Dhara + Shirodhara | 8 am  | ✓              |
| 06/04 | SHRUTHY, NITHYA, POOJA, RIMPI.<br>Uzhichil + Netra Dhara + Shirodhara | 8 am  | ✓              |
| 07/04 | SHRUTHY, NITHYA, POOJA, RIMPI.<br>Uzhichil + Netra Dhara + Shirodhara | 8 am  | ✓              |
| 08/04 | SHRUTHY, NITHYA, POOJA, RIMPI.<br>Uzhichil + Netra Dhara + Shirodhara | 8 am  | ✓              |
| 09/04 | Purgation Uzhichil + Netra Dhara + Shirodhara                         | 8 am. | ✓              |

Messieurs- Shruthi, Nithya, Rimpi, Pooja

Iwantram + Sahacharadi + Karpooradi Thailam

Netra Dhara - Dashanath Triphala Choornam

Shirodhara - Ksheerbala Thailam

### Internal Medicine

1. Sukumaram Kashayam-15ml+60ml water -6am & 6pm
2. Varanadi Kashayam Tab- 2tab with Kashayam -6am & 6pm
3. Thyrocalm Tab-2tab after food
4. Menorex tab-2tab after food
5. Saraswata Arishtam-25ml after food

Ref. No. .... 771 .....

Any Drug Allergies.....No....

Dr. .... Prescription for ZEENAT BINDRA.....

Age 48 M/F M Date 02/04/2022.

[illegible]

Please