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KING

DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
A.I.I.M.S., NEW DELHI-110029

Appointment (Pre Procedure Instructions) for Vascular Intervention Procedure

To contact after discharge

Name : Aakash Age/Sex : 8yr/M Date

UHID : 10505 8027 Ward/OPD : Room No : 80 Time : 8:30a

You are booked for : BAE / Angioplasty / Embolization / Stenting / TJLB / TIPS / TACE

Any other : DIPS revision ↓GA

↓Dr. Madhu

Pre Intervention Instructions :

Fresh CT DIPS in 2020

A. Patient to be admitted one day before the investigation.
B. Part to be prepared (shave from umbilicus to mid-thigh both sides)
C. Patient to report fasting. Plain water is allowed except in GA cases
D. Patient to be shifted in hospital clothes with a trolley.
E. One attendant to accompany the patient.
F. Consent form to be signed.
G. Lab tests : Renal Function Tests and PT/INR, Other : CBC Bronchoscopy/PFT
H. Booked Under General Anesthesia to get PAC done in PAC Clinic, 5th Floor, Mon/Wed/Fri, 2 PM onwards

I. To bring following items :-

1. Arterial Sheath : 5F/6F/7F/8F Any other :
2. Angiographic Catheter : PIGTAIL/PICARD/MULTIPURPOSE/RC1/COBRA/SIM1/SIM2/UTERINE A CATHETER/SLIP VERT/RDC ANY OTHER :
   Length : 65cms/100cms Size : 4F/5F
3. Progreat Microcatheter
4. Guidewire (Terumo) : Shape : J-tip/Straight tip Diameter : 0.032/0.035,

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	105058027	Sex :	Male
Patient Name :	Mr. AAKASH	Sample Received Date :	20-Nov-2025 17:07 PM
Age :	7Y 4m	Department :	Paediatrics
Reg Date :	20-Nov-2025 17:07 PM	Sample Collection Date:	20-Nov-2025 13:43 PM
Recommended By :		Sample Details :	LH20112501546
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516808596

Report

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb *(SLS-photometry)*	**10.30**	g/dL	11.5 - 15.5
Hematocrit *(Direct Measure)*	35.60	%	35 - 45
RBC count *(Impedance)*	**6.11**	10^6/µL	4.0 - 5.2
WBC count *(Fluo. flow cytometry)*	12.37	10^3/µl	5.0 - 13.0
Platelet count *(Impedance)*	177.00	10^3/µL	170 - 450
MCV *(Calculated)*	**58.30**	fL	77 - 95
MCH *(Calculated)*	**16.90**	pg	25 - 33
MCHC *(Calculated)*	**28.90**	g/dL	31 - 37
RDW-CV *(Calculated)*	**18.70**	%	11.6 - 14
Neutro *(Fluo. flow cytometry)*	39.90	%	23-53%
Lympho *(Fluo. flow cytometry)*	40.30	%	23-53%
Eosino *(Fluo. flow cytometry)*	**12.10**	%	1-4%
Mono *(Fluo. flow cytometry)*	7.30	%	2-10%
NRBC	0	%	
Baso *(Fluo. flow cytometry)*	0.40	%	0-1%
Neutro - Abs *(Calculated)*	4.94	10^3/µl	2.0-8.0
Lympho- Abs *(Calculated)*	4.98	10^3/µl	1.0-5.0
Eosino - Abs *(Calculated)*	**1.50**	10^3/µl	0.1 - 1.0
Mono - Abs *(Calculated)*	0.90	10^3/µl	0.2 - 1.0
Baso - Abs *(Calculated)*	0.05	10^3/µl	0.02 - 0.1

Remarks: Mild Eosinophilia. Kindly correlate clinically for - Drug reaction, Parasitic infestation, Allergy, Asthma. Autoimmune disorders, etc.

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Subhamon Bhattacherjee 20-Nov-2025 18:42

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

UHID: 105058027
Patient Name : Mr. AAKASH
Age : 7Y 4m
Reg Date : 20-Nov-2025 17:07 PM
Recommended By :
Lab Sub Centre: SMART Lab, New RAK OPD

Report

Sex : Male
Sample Received Date : 20-Nov-2025 17:07 PM
Department : Paediatrics
Sample Collection Date: 20-Nov-2025 13:43 PM
Sample Details : LH20112501546
Lab Reference No: 251680859

Bio. Ref. Interval

5

Simon Bhattacherjee
:025 18:42

nd filling it must be
my practices, storage
n Ext.no. 7004/7005

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

नकदी रसीद / CASH RECEIPT

दूरभाष / Phones 26588500 26588700

रसीद संख्या / Receipt No.:
जमाकर्त्ता / Received From:
ओ.पी.डी./यू.एच.आई.डी. सं / OPD / UHID No.:
के नामे / ON ACCOUNT OF

दिनाँक / Dated :
रोगी प्रकार / Patient Type :
कक्ष संख्या / Room No. :

Book Online appointment from :https://ors.gov.in Developed by NIC

Remarks:
Your UHID Is : 105058027

Appointment Request date	21/08/2025		
Name of Patient	MR. AAKASH	Appointment No	20250821169 13
Sex	Male	Age	7 years 1 month 2 days
Contact Details	Mobile :XXXXXXXX163	Request Mode	counter

Reporting Time: 8:00 AM-9:00 AM

Done By-Mr.SOHAN SINGH RAWAT DEO SWSC — General ₹ 0 0

Department Name: Paediatrics/Paediatric — Appointment Date: 20/11/2025

APPOINTMENT SLIP नियुक्ति पर्ची — Follow-up Patient
Advance

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi,
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

Print Appointment Slip

भुगतान का प्रकार / Payment Mode :
रुपये / INR (Rs.) :
रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।
THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

अ० भा० आ० सं० अस्पताल/A.I.I.M.
बहिरंग रोगी विभाग /Out Patient
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED

LH0805250037 2 105058027

LC2011252315 105058027
LH2011250154 6 105058027
Mr AAKASH

बाल चिकित्सा विभाग
UHID:105058027
Dept No: 20200030003297

AAKASH
S/O KALI CHARAN
7Y 4M 1D / M/(पुरुष)
BARILE UTTAR PRADESH, Fin:0, INDIA
Genera Rs 0

कमरा / Room
C-216
Queue / सेवा
F4
Unit-I, Paediatric

कौम./गुरु.

Reporting: 08 41 3
20/11/202

बहि०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

ग	आयु Age	पता/Address
x		

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
23-12	HVOTO / TIPS Stent Block VGIE → early esophageal varices currently no vomiting abd. distension no other concerns. O/E: Vitals - stable P/A: mild distension multiple dilated tortuous veins (+) Liver - 2cm ↓ RCM Spleen - tip palpable Plan: ① Continue Tab CIPLAR 10mg BD ② Rpt CBC/LFT/KFT after 1 month & review ③ Plan rpt procedure when bed vacant Please do Today JR

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

बाल चिकित्सा विभाग
UHID: 105058327
Dept No: 20200030003297
कमरा / Room C-216
Queue / संख्या F81
Unit: Paediatric
आकाश आकाश / AAKASH AAKASH
S/O KALI CHARAN
6Y 2M 0D / M(पुरुष)
BARILE UTTAR PRADESH Pin:0 INDIA
Generic Rs. 0
Reporting: 09:12:33 19/09/2024

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

नाम / Name	लिंग Sex	आयु Age	पता / Address

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
19.26 (35)	Previous symptoms were significant Ascites → now c/e - multiple collaterals; No Ascites → Need to decide if Procedure really needs to be done
	TIPS / 2020
	Rc → complete stent blockade
	to meet Prof Deva for possible Planning reprocedure
UGIE - 26/10	
	Tab aptan 10 mg BD → ⊗ ⊗
Rmes	

डॉ. रोहन मलिक / Dr. ROHAN MALIK
अपर आचार्य / Additional Professor
Division of Gastroenterology & Hepatology
जठरांत्र चिकित्सा विभाग / Department of Pediatrics
अ.भा.आ.सं. नई दिल्ली / A.I.I.M.S., New Delhi-110029

All India Institute of Medical Sciences

New Delhi

Pediatric Gastroenterology Services

Patient ID	: 105058027	**Visit Date**	: 20-08-2025
Patient Name	: Aakash	**Referred by**	:
Age/Gender	: 6Yrs, Male	**Consulted by**	: Dr Rohan Malik

Premedication :

Esophagus : Early esophageal varices

OG Junction :

Stomach :

Fundus : no gastric varix

Body : Normal

Antrum : Normal

Pylorus : Normal

Duodenum :

:

:

Biopsy : Not taken

Impression : Early esophageal varices
Adv: N/A x 2 years

Continue T. ciplar 10 mg BD

Dr Rohan (SR)

Dr Rohan Malik

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

बाल चिकित्सा विभाग
UHID: 105058027
Dept No: 20200030003297
AAKASH
S/O KALI CHARAN
6Y 10M 3D / M/(पुरुष)
BARILE UTTAR PRADESH, Pin 0, INDIA
General Rs 0
Reporting: 08:26:03
22/05/2025

कमरा / Room
C-216
Queue / संख्या F44
Unit-I Paediatric

LH1808250096 105058027
LC1808250413 105058027
AAKASH

105058027 Paed

निदान/Diagnosis

105058027 Paeds.

दिनांक/Date

(2)

20 Kg

उपचार/Treatment

· TIPS (2020)
· stent block present

child - asymptomatic

LH21082500695 105058027
Mr. AAKASH..

O/E

(IIII) — engorged veins

Hepatomegaly 2 cm below RCM

Hb = 9.3
microcytic hypochromic anemia
Plt = 1.6L
TLC = 10,060
Urea = 18
Creat. = 0.3
Ca = 9.5
PO4 = 4.8
T. Bilirubin = 0.7
D. Bilirubin = 0.38
I. Bilirubin = 0.31
ALT = 24
AST = 41
ALP = 308 209
TP = 7.1
Albumin = 4.5
Globulin = 3.2

Adv

1. OROFER XT 1 tab PO OD x 3 months.
2. Tab A-Z 1 tab PO OD x 3 months
3. Tab SHELCAL 500 1 tab PO OD x 3 months.
4. Date for Repeat Endoscopy & Varices. f/u.
5. R/A 3 months c CBC/LFT/Alpha fetoprotein*/Vit D.
6. T. Ciplar 10 mg BD.

Rx P 2/05/25 (x 3 m)

Dr. Himanshu Bhadani
Senior Resident
Department of Pediatrics
अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

ilac-MRA

MC-7061

UHID:	105058027	Sex :	Male
Patient Name :	Mr. AAKASH	Sample Received Date :	23-Jul-2026 15:42 PM
Age :	8Y	Department :	Paediatrics
Reg Date :	23-Jul-2026 15:42 PM	Sample Collection Date:	23-Jul-2026 13:10 PM
Recommended By :		Sample Details :	LB230726312
Lab Sub Centre:	SMART Lab. New RAK OPD	Lab Reference No:	2618232718

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Citrated Plasma			
PT *(Mechanical Viscoelastic)*	**17.00**	sec	13.1 - 16.3

Test Observations:

1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-

a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done

5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

Test Name	Result	UOM	Bio. Ref. Interval
INR	**1.26**		0.8-1.2
APTT *(Mechanical Viscoelastic)*	33.30	sec	29.8 - 35.3

Test Observations:

1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-

a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done

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6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
23-Jul-2026 18:03

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be ... pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage ... on the same day on **Ext.no. 7004/7005**

UHID:	105058027	Sex :	Male
Patient Name :	Mr. AAKASH	Sample Received Date :	20-Jul-2026 15:47 PM
Age :	8Y	Department :	Paediatrics
Reg Date :	20-Jul-2026 15:47 PM	Sample Collection Date:	20-Jul-2026 12:06 PM
Recommended By :		Sample Details :	LH20072601681
Lab Sub Centre:	SMART Lab. New RAK OPD	Lab Reference No:	2618208369

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb *(SLS-photometry)*	**10.40**	g/dL	11.5 - 15.5
Hematocrit *(Direct Measure)*	**34.80**	%	35 - 45
RBC count *(Impedance)*	**6.05**	10^6/µL	4.0 - 5.2
WBC count *(Fluo. flow cytometry)*	9.15	10^3/µl	5.0 - 13.0
Platelet count *(Impedance)*	**155.00**	10^3/µL	170 - 450
MCV *(Calculated)*	**57.50**	fL	77 - 95
MCH *(Calculated)*	**17.20**	pg	25 - 33
MCHC *(Calculated)*	**29.90**	g/dL	31 - 37
RDW-CV *(Calculated)*	**19.60**	%	11.6 - 14
Neutro *(Fluo. flow cytometry)*	48.90	%	23-53%
Lympho *(Fluo. flow cytometry)*	37.90	%	23-53%
Eosino *(Fluo. flow cytometry)*	**6.40**	%	1-4%
Mono *(Fluo. flow cytometry)*	6.40	%	2-10%
Baso *(Fluo. flow cytometry)*	0.40	%	0-1%
NRBC	0	%	
Neutro - Abs *(Calculated)*	4.46	10^3/µl	2.0-8.0
Lympho- Abs *(Calculated)*	3.47	10^3/µl	1.0-5.0
Eosino - Abs *(Calculated)*	0.59	10^3/µl	0.1 - 1.0
Mono - Abs *(Calculated)*	0.59	10^3/µl	0.2 - 1.0
Baso - Abs *(Calculated)*	0.04	10^3/µl	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
20-Jul-2026 17:23

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	105058027	**Sex :**	Male
Patient Name :	**Mr. AAKASH**	**Sample Received Date :**	20-Jul-2026 17:51 PM
Age :	8Y	**Department :**	Paediatrics
Reg Date :	20-Jul-2026 15:01 PM	**Sample Collection Date:**	20-Jul-2026 12:06 PM
Recommended By :		**Sample Details :**	**LC2007262405**
Lab Sub Centre:	**SMART Lab, New RAK OPD**	**Lab Reference No:**	2618207403

BIOCHEMISTRY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea *(Urease/GLDH)*	22	mg/dL	17 - 49
Creatinine *(Jaffe compensated)*	0.4	mg/dL	0.4-0.6
Uric Acid *(Uricase Colorimetric)*	**2.7**	mg/dL	3.4 - 7.0
Calcium *(5-Nitro-5'-methyl-BAPTA)*	9.7	mg/dL	8.8 - 10.8
Phosphate *(Phosphomolybate Reduction)*	**5.2**	mg/dL	2.5-4.5
Sodium *(ISE (indirect))*	135	mmol/L	135 - 145
Potassium *(ISE (indirect))*	4.3	mmol/L	3.5-5.1
Chloride *(ISE (indirect))*	101	mmol/L	98-107
Bilirubin (T) *(Colorimetric diazo)*	0.98	mg/dL	0 - 1
Bilirublin (D) *(Diazo Gen.2 Jendrassik-Grof)*	**0.59**	mg/dL	0 - 0.2
Bilirubin (I) *(Calculated)*	0.39	mg/dL	0 - 0.9
ALT *(IFCC without pyridoxal phosphate)*	**30**	U/L	0 - 26
AST *(IFCC without pyridoxal phosphate)*	**48**	U/L	<=40
ALP *(PNPP,AMP Buffer - IFCC)*	314	U/L	142 - 335
Total protein *(Biuret Method)*	8.0	g/dL	6.0 - 8.0
Albumin *(Bromocresol Green(BCG))*	4.7	g/dL	3.8 - 5.4
Globulin *(Calculated)*	3.3	g/dL	3.0 - 3.7
A/G ratio *(Calculated)*	1.4		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Sudip Kumar Datta MD (Biochemistry) 20-Jul-2026 20:39

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

PROHIBITED IN HOSPITAL PREMISES

OPR-6

बाल चिकित्सा विभाग
UHID: 105058027

कमरा / Room C-218

Queue / संख्या F46

Unit-I, Paediatric.

Dept No: 202003 0003297

AAKASH

ओम गुरु

S/O KALI CHARAN
7Y 5M 3D / M/(पुरुष)
BARILE, UTTAR PRADESH, Pin 0, INDIA

General Rs. 0

Reporting: 10:08:03
22/12/2025

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

आयु Age	पता/Address
	105058027 Pulse

निदान/Diagnosis

दिनांक/Date

40

23.3

उपचार/Treatment

HVDTO

S/P – TIPS Blocked (2020)

No Ascites

Adv

T. ciplar 10 mg BD 6D

T. IFA 100 mg 1 tab OD x 3m

T. ME-N 1 tab OD x 1m.

Rpt x 4m.

Hb 10.3
TLC 12270
PLT ₹ 1.77L

MCV 58

DT/DT 41/27
ALP 335

Dr. Himanshu MCB 5A

84

Date – 31/07/24

81 A

Dr Madhusudan Sir Under

विकिरण नैदानिक विभाग
अ०भा०आ०सं०, नई दिल्ली–110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Aakash Age / Sex : 8yr/M Ref. Deptt. / Unit : Ped/T Date :

Indoor (Bed No.) / Outdoor/ Casualty OPD No. / UHID No. : 10505802 LMP :

Examination Required :

✓ Ultrasound — Doppler (Arterial / Venous) — Interventional Procedure

CT — HRCT — Dual Phase CT — CT Angiography

Clinical History and Examination :

ALT/AST:- 30/48

C/o HVOTO s/p TIPS Blocked (2020)

No clinical Ascites/Jaundice

— Doppler USG. to look for status of vein/CLD. & repeat procedure if required

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby given consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Re book for DIPS Revision ↓ GA

Signature of Patient / Date :

US / CT Number :

Signature of Radiographer / Date :

No. of Films used :

- RUPS Set
- RTPS Sheath
- 8x40 mm SEMS x2
- 8x40 balloon

Ready

DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
A.I.I.M.S., NEW DELHI-110029

Appointment (Pre Procedure Instructions) for Vascular Intervention Procedure

To contact after discharge

Name : Aakash Age/Sex : 8yr/M Date

UHID : 10505 8027 Ward/OPD : Room No : 80 Time : 8:30a

You are booked for : BAE / Angioplasty / Embolization / Stenting / TJLB / TIPS / TACE

Any other : DIPS revision ↓GA

↓Dr. Madhu

Pre Intervention Instructions :

Fresh CT DIPS in 2020

A. Patient to be admitted one day before the investigation.
B. Part to be prepared (shave from umbilicus to mid-thigh both sides)
C. Patient to report fasting. Plain water is allowed except in GA cases
D. Patient to be shifted in hospital clothes with a trolley.
E. One attendant to accompany the patient.
F. Consent form to be signed.
G. Lab tests : Renal Function Tests and PT/INR, Other : CBC Bronchoscopy/PFT
H. Booked Under General Anesthesia to get PAC done in PAC Clinic, 5th Floor, Mon/Wed/Fri, 2 PM onwards

I. To bring following items :-

1. Arterial Sheath : 5F/6F/7F/8F Any other :
2. Angiographic Catheter : PIGTAIL/PICARD/MULTIPURPOSE/RC1/COBRA/SIM1/SIM2/UTERINE A CATHETER/SLIP VERT/RDC ANY OTHER :
   Length : 65cms/100cms Size : 4F/5F
3. Progreat Microcatheter
4. Guidewire (Terumo) : Shape : J-tip/Straight tip Diameter : 0.032/0.035,

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HO
बहिरंग रोगी विभाग /Out Patient Depar
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL

LH0805250037 2 05058027
C0805250704 1058580

AAKASHAAKASH

डॉ॰ बात चिकित्सा विभाग
UHID: 105058027

Dept No: 202000300003297

कमरा / Room C-218
Queue / संख्या F1
Unit-I, Paediatric

आकाश आकाश / AAKASH AAKASH

S/O KALI CHARAN
6Y 6M 4D / M(पुरुष)
BARLE, UTTAR PRADESH, Pin:0, INDIA

General Rs 0

सोम,गुरु, Mon,Thu (सोम,गुरु)
Reporting 08:40:51
23/01/2026

ओपीडी पंजीकृत सं०/O.P.D. Regn. No.

आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
20.1. 26	. TIPS (2020) . Bronched Stent ⟶ was discussed i Dr. Dua. Can defer procedure as No Ascites O | E multiple engorged tortuous vessels No Ascites UGIE: Early eso Vx. (26.10.24) Asymptomatic. Plan Req ↓ FU procedure if Ascites (+) Adv — T. Lipkar 10mg BD Rpw x 4m ⟶ CBC | LFT | Alfa fetoprotein. 209

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Depar

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL

LB230726312 10505802?

LC2307262444 10505802?

बाल चिकित्सा विभाग, UHID:10505802*

कमरा / Room C-216

Queue / संख्या F31

Unit-I, Paediatric,

Dept No: 2020001003297

रो०वि० पंजीकृत सं०/O.P

Mr. AAKASH.

AAKASH

S/O KALI CHARAN
8Y 0M 4D / M/(पुरुष)
BARILE, UTTAR PRADESH, Pin 0, INDIA

General Rs. 0

सोम गुरु, Mon Thu (सोम,गुरू)

Reporting: 08:41:22
23/07/2026

आयु Age

निदान/Diagnosis

HNOTO/ Shunt Blocks (2020)

दिनांक/Date

30
22.7.26

उपचार/Treatment

- Mild increase in Abd. distention
- No other complaints

ALT/AST:-
30/48
TP/Alb:-8/4.7
Alb:-4.7

Hb:-10.4
Plt:-1.55L
MCV:-57.5

Adv.

(1) Repeat CUD. USG.
of liver & HNOTO if
repeat scan required.

(2) Vit D/Vit B12/Iron/Folate/
Transferrin/TIBC/Magnesium/
PT-INR/CC

(3) T. OROFER XT 1 tab PO OD x3m.

(4) T. Cipla 10mg PO BD

THE CURABLE TRUST

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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Pradhan Mantri Jan Arogya Yojana
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(pmjay.gov.in)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005

नकदी रसीद / CASH RECEIPT

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi,

नियुक्ति पर्ची

APPOINTMENT SLIP

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029
दूरभाष / Phones 26588500 26588700

रसीद संख्या / Receipt No.:

जमाकर्त्ता / Received From: Done By-Mr.AMAN MANDAL DEO SWSC (Follow-up) General ₹ 0.0

रोगी प्रकार / Patient Type : Print Appointment Slip

ओ.पी.डी. / यू.एच.आई.डी. सं / OPD / UHID No.:

के नामे / On Account Of

कक्ष संख्या / Room No. :

Department Name: Paediatrics/Paediatric

Appointment Date: 23/04/2026

Reporting Time: 8:00 AM-9:00 AM

Doctor Name	**Dr. ROHAN MALIK**	Appointment Request date	**22/12/2025**
Name of Patient	**MR. AAKASH**	Appointment No	**2025122217333**
Sex	**Male**	Age	7 years 5 months 3 days
Contact Details		Request Mode	counter
Queue No:	F3		

Remarks:
Your UHID Is : 105058027.

Book Online apppointment from :https://ors.gov.in Developed by NIC

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

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