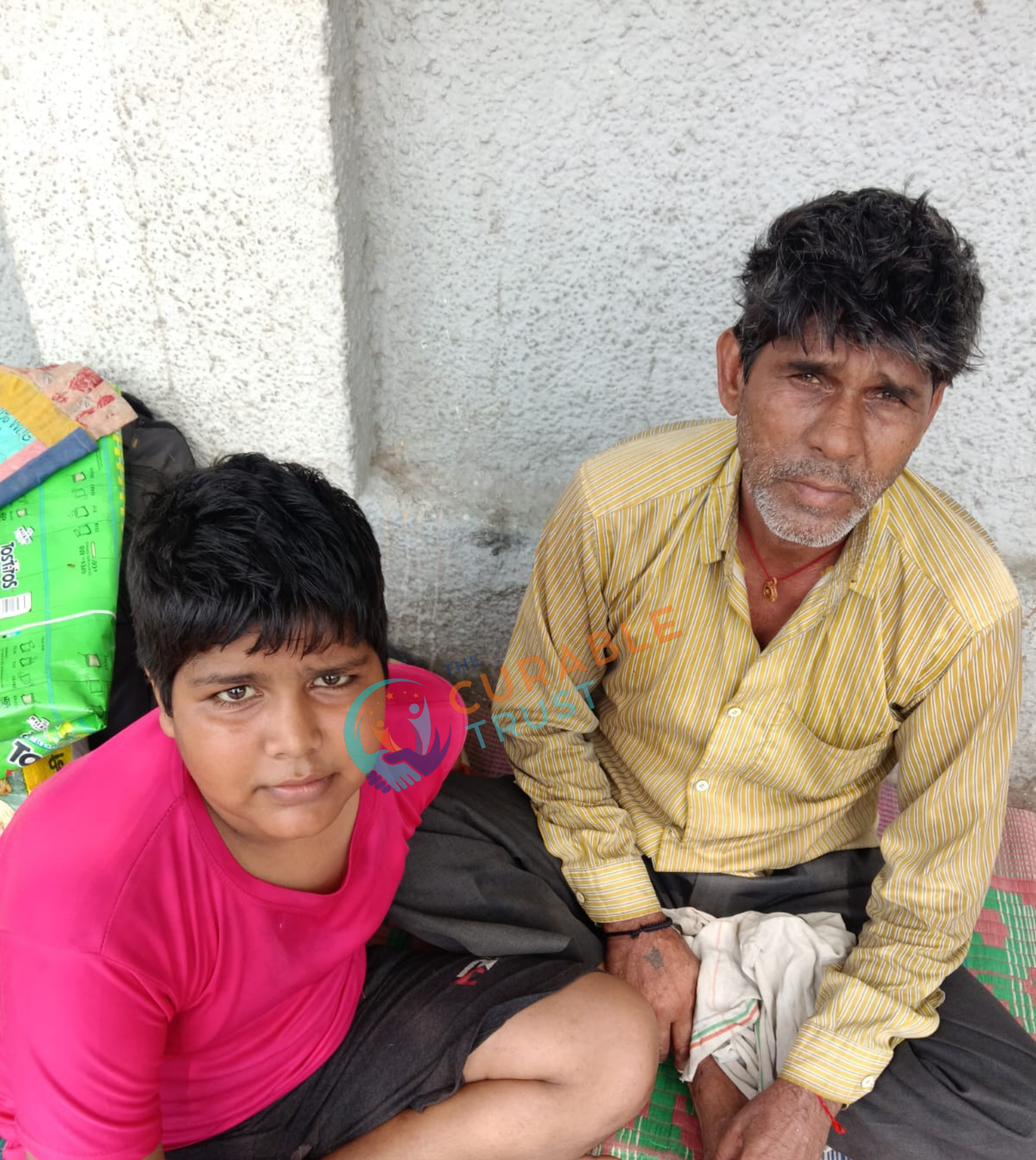
Tostitos
THE CURABLE TRUST

नेफ्रोलॉजी.

UHID: 109043586
ABHA: 0
rahul_rahul040210@abdm
Dept No.: 20260150205636

कमरा / Room
C-412
Nephrology Unit

Nephrology

सोम, गुरु,
Mon,Thurs
08/04/2026
Queue: N9

राहुल राहुल
RAHUL RAHUL
S/O SUKHVIR SINGH
15Y 11M 19D / M/(पुरुष,
Add :mathura UTTAR PRADESH Pin 0 INDIA

New Patient General 0

Reporting 07:54:49

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
अ. भा. आ. सं., नई दिल्ली
A.I.I.M.S., NEW DELHI

STAMP

Please specify the HIV status of the patient

नाम/Name

आयु/ Age

लिंग/ Sex

Nature of Specimen ☐ Urine ☐ Stool

Diagnosis/Clinical Notes

Please send separate requisition slip each specimen

Date

Time of Collection

Signature

Name of Medical Officer

Reports will be available after 48 hours in respective O.P.D.

For lab use only

Date

Time of receiving the specimen

Reported on : Date Time

Renal Research Laboratory
अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

UHID:	109043586	**Reg Date :**	02/04/2026 07:48 AM
Patient Name :	**Mr rahul**		
Sex :	Male	**Age :**	16 years 6 months 14 days
Department :	Nephrology	**Unit Name :**	Nephrology Unit
Unit Incharge :		**Sample Collection Date:**	15/07/2026 11:32 AM
Lab Name:	Renal Research Lab	**Sample Received Date :**	15/07/2026 12:30 PM
Lab Sub Centre:	Renal Lab (Urine)		
Dept / IRCH No:	20261090031012	**Recommended By:**	Dr SR-3 Nephrology
Lab Reference No:	315		

Sample Details : RU-150726127 (Urine) / Report Date: 15/07/2026 03:42 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
Urine (Spot)				
PROTEIN(URINE) (Turbidimetric method)	92.0	**mg/L**	• 0.00-140.00	
CREATININE(URINE) (Jaffe compensated)	939.0	**mg/L**	• 390.00-2590.00	
P/C Ratio (Urine) (Calculated)	98.0	**mg/g**	• 0.00-150.00	

Overall Comment :

(CHITRANSHU SHRIWASTAV)
Verified By

( )
Authorized Signatory

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted

**********END OF THE REPORT**********

LOK NAYAK HOSPITAL

नेफ्रोलॉजी
UHID:109043586
Dept No: 20260150205636
राहुल राहुल / rahul
S/O SUKHVIR SINGH
16Y 3M 19D / M/(पुरुष)
mathura, UTTAR PRADESH, Pin:0, INDIA
General Rs. 0
Follow Up Patient

कमरा / Room C-412
Queue / लेखा F72
Nephrology Unit, Nephrology.
सोम,गुरु. Mon,Thurs
Reporting: 09:46:53 20/04/2026

20/4/26

1) Stop Wysolone
2) Rest CST
3) Urgent Pulmo/ review fo Mgt of Brouls asthma
4) Urgent Endocrin review for steroid induced OP.

Colonel

R/A 4 weeks d'

डॉ० राघव खुल्लर/Dr. Raghav Khullar
वरिष्ठ रेजिडेन्ट/Senior Resident
मृदुल विज्ञान विभाग / Dept of Nephrology
अ.भा.आ.सं., नई दिल्ली/AIIMS, New Delhi

नेफ्रोलॉजी .
UHID:109043586
Dept No: 20260150205636
राहुल राहुल / rahul
S/O SUKHVIR SINGH
16Y 4M 20D / M/(पुरुष)
mathura, UTTAR PRADESH, Pin:0, INDIA
General Rs. 0
Follow Up Patient

कमरा / Room C-412
Queue / लेखा F64
Nephrology Unit, Nephrology.
सोम,गुरु. Mon,Thurs
Reporting: 08:46:44 21/05/2026

1/26
UK

Rx

1) CST 2 Months
(2) R/A 2 Months
(3) MDI + spacer Duolin 2 Puffs OD
2 month
(4) MDI + spacer Foracort (6/200) 1 Puff BD

- S. Cr = 0-6
- CRM = NAD
- No Pedal edema
- steroid toxicity (P) (On remission)
(Derma opinion i/v/o Thigh pain)

डॉ. वंशिका साहनी
Dr. VANSHIKA SAWHNEY
वरिष्ठ रेजिडेन्ट / Senior Resident
नेफ्रोलॉजी विभाग / Dept of Nephrology
अ.भा.आ.सं., नई दिल्ली / AIIMS, New Delhi

(V) MEDICINE PHARMACY
RECEIVED
21/5/26

नकदी रसीद / CASH RECEIPT

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

Ansari Nagar, New Delhi-110029

दूरभाष / Phones 26588500 26588700

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi, null

रसीद संख्या / Receipt No.:

जमाकर्त्ता / Received From:

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

के नामे / ON ACCOUNT OF

नियुक्ति पर्ची

APPOINTMENT SLIP

दिनाँक / Dated :

रोगी प्रकार / Patient Type

कक्ष संख्या / Room No.

Done By-Mrs PALLAVI DAGAR swsc **(Follow-up)** General ₹ 0.0 Print Appointment Slip

Department Name: PROCEDURE/RENAL LAB APPOINTMENT ROOM No C417

Reporting Time: 8.00 AM **Appointment Date: 18/09/2026**

Doctor Name	Dr. .	Appointment Request date	21/07/2026
Name of Patient	MR RAHUL	Appointment No	2026072112606
Sex	Male	Age	16 years 6 months 20 days
Contact Details	Mobile: XXXXXXX689	Request Mode	counter
Queue No:	F187		

Remarks:

Your UHID Is : 109043586.

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

अपायंटमेंट के दिन एंट्री करवाने के लिए काउंटर नंबर SWEC C417/416 मे जाना हे.

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

REPORT TO COUNTER NUMBER SWEC C417/416 FOR APPOINTMENT CONFIRMATION ON THE DAY OF YOUR APPOINTMENT.

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

Lok Nayak Hospital , GNCTD
Jawaharlal Nehru Marg New Delhi 110002

Renal Research Laboratory
अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

UHID:	109043586	**Reg Date :**	02/04/2026 07:48 AM
Patient Name :	**Mr rahul**		
Sex :	Male	**Age :**	16 years 6 months 14 days
Department :	Nephrology	**Unit Name :**	Nephrology Unit
Unit Incharge :		**Sample Collection Date:**	15/07/2026 11:32 AM
Lab Name:	Renal Research Lab	**Sample Received Date :**	15/07/2026 12:35 PM
Lab Sub Centre:	Renal Lab (Clinical Chemistry)		
Dept / IRCH No:	20261090031012	**Recommended By:**	Dr SR-3 Nephrology
Lab Reference No:	244		

Sample Details : RCH-150726169 (Serum) / Report Date: 15/07/2026 02:45 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
BICARBONATE (Blood) (Enzymatic PEPC/ NADH)	*21.3*	mmol/ L	• 22.00-29.00	
KFT				
UREA (Urease/GLDH)	30.6	mg/dL	• 16.60-48.50	
CREATININE (Jaffe compensated)	0.52	mg/dL	• 0.7 - 1.2 mg/dL	
SODIUM (ISE Indirect)	137.8	mmol/ L	• 135.00-145.00	
POTASSIUM (ISE Indirect)	4.40	mmol/ L	• 3.50-5.50	
Chloride (ISE Indirect)	100.8	mmol/ L	• 98.00-107.00	
Iron Profile				
Serum IRON (Ferro Zine method in Acidic)	36.8	mcg/dL	• 33.00-193.00	
TOTAL IRON BINDING CAPACITY (Calculated)	355.8	mcg/dL	• 240.00-450.00	
TRANSFERRIN SATURATION (Calculated)	*10.3*	%	• 22.00-55.00	

Overall Comment :

(AJAY KUMAR RANA)
Verified By

(Dr. Archana Singh/Dr. Rakhee Yadav)
Authorized Signatory

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

**********END OF THE REPORT**********

नकदी रसीद / CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

New Delhi, null

अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष / Phones {26588500 / 26588700

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

APPOINTMENT SLIP नियुक्ति पर्ची

New Patient

Advance

रसीद संख्या / Receipt No.:

Done By-MS POOJA BUNDEL DEO-SWSC

General ₹ 0.0

जमाकर्त्ता / Received From:

दिनाँक / Dated :

Department Name: PROCEDURE/RENAL LAB APPOINTMENT ROOM No C417

रोगी प्रकार / Patient Type

Appointment Date: 15/04/2026

Reporting Time: 8.00 AM

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

कक्ष संख्या / Room No. :

के नामे / ON ACCOUNT OF

Appointment Request date	06/04/2026		
Name of Patient	MR RAHUL RAHUL	Appointment No	2026040624891
Sex	Male	Age	15 years 11 months 19 days
Contact Details	Mobile: XXXXXXX689	Request Mode	counter

Remarks:

Your UHID Is : 109043586.

अपायंटमेंट के दिन एंट्री करवाने के लिए काउंटर नंबर SWEC C417/416 मे जाना है.

REPORT TO COUNTER NUMBER SWEC C417/416 FOR APPOINTMENT CONFIRMATION ON THE DAY OF YOUR APPOINTMENT.

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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कमरा / Room C-412

20/4/26

नेफ्रालॉजी

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

स्वच्छ भारत एक कदम स्वच्छता की ओर

ROHIBITED IN HOSPITAL PREMISES

नेफ्रालॉजी

UHID: 109043586

Dept No: 20260150205636

कमरा / Room C-412

Queue / संख्या **F38**

Nephrology Unit, Nephrology.

20/7/26

सोम,गुरु, Mon,Thurs

राहुल राहुल / rahul

S/O SUKHVIR SINGH
16Y 6M 19D / M/(पुरुष)
mathura UTTAR PRADESH, Pin 0, INDIA

General Rs 0

Follow Up Patient

Reporting: 08 45 59
20/07/2026

OPR-6

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

आयु Age	पता/Address
	109043586 Neph

निदान/Diagnosis SDNS (Bx - FSGS) on CNI w.e.f Dec 25 | steroid toxicity

दिनांक/Date	उपचार/Treatment
patient on CNI for 6 months	Rx - T. cyclosporine 100mg BD - T. pan 40mg OD - T. Ateleal 50mg OD - T. Ramipril 5mg OD - MDI & spacer ✓ Budin 2puff BD Tiotacon 2puff OD - To R/A 2 months

डॉ. तमिलसेल्वन पी/Dr. Tamilselvan P
वरिष्ठ रेजिडेन्ट/Senior Resident
नेफ्रोलॉजी विभाग/Deptt. of Nephrology
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi

20/7/26

AIIMS PHARMACY
RECEIVED

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi, null
दूरभाष 26588500
Phones 26588700

नियुक्ति पर्ची
APPOINTMENT SLIP

रसीद संख्या / Receipt No.:

जमाकर्त्ता / Received From: Done By-Mrs.MUNESH DEO SWSC (New)

ओ.पी.डी./यू.एच.आई.डी. सं / OPD / UHID No.: General ₹ 0.0

के नामे / ON ACCOUNT OF Print Appointment Slip

Department Name: Central Collection Facility/Central Collection Facility New Opd block

Reporting Time: 8.00 AM **Appointment Date: 18/05/2026**

Doctor Name	**Dr. SR CCF New Opd Block**	Appointment Request date	**21/04/2026**
Name of Patient	**MR RAHUL**	Appointment No	**2026042101562**
Sex	**Male**	Age	16 years 3 months 20 days
Contact Details	Mobile: XXXXXXX689	Request Mode	counter
Queue No:	N242		

Remarks:

Your UHID Is : 109043586.

Timings of Blood Collection Centre (Central Collection Facilty) Basement New RAK OPD.

Monday to Friday	8.00 am to 7.00 PM	Fasting timings for sample collection 8.00 am to 11.30 am
Saturday	8.00 am to 3.30 PM	

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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विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : **Age/Sex :** **Ref. Deptt./Unit :** **Date :**

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

Examination Required :

10905-3505

Clinical History and Examination :

CXR

PA

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :

2

Consent :

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

185 NP-2

Signature of Patient / Date :

Your appointment is on : 29/4/2024 Room No. : RD 3 NPW

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:3

X- Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer : P.T.O