





डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
अ० भा० आ० सं०, नई दिल्ली/AIIMS, NEW DELHI
बहिरंग रोगी विभाग/Out Patient Department



नाम/Name	लिंग/पुं, महिला/पुं, स्त्री F/M/W/H/D/O	लिंग Sex	वय Age	पता/Address
SURYA	SO MANU	M	2 years	

रोग/Disagnosis

Sibling screening

दिनांक/Date

उपचार/Treatment

29/07/2025

VA < 10cm

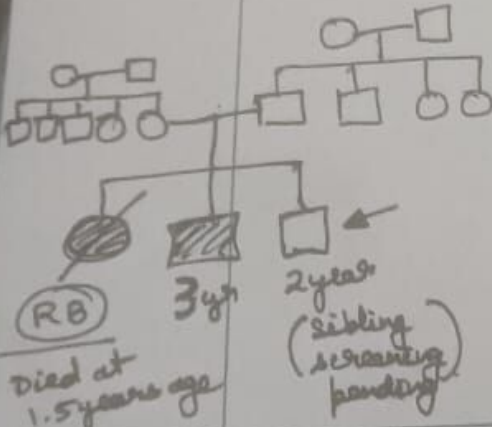
20P < 10cm

O/E:-

A/E < (B/E) cornea clear
AC formed
lens - clear

PRC (Pseudo B/E)

FN < Date for
EVA → 12/08/2026
already received.



Prakash Bharti Jax Anand Trust
Apurva Bharti
PH-181
प्राकाश भारती जख अनंद ट्रस्ट
(prakash.gov.in)

एम्स का नई संकल्प, स्वच्छता के लिए
नेत्ररोग-रुग्णों को आकर्षित करने के लिए
NATIONAL EYE BANK, 6TH FLOOR, DR. R.P. CHAKRE, AIIMS, NEW DELHI, M.: 9999168374
O.R.B.O., AIIMS, 110062, www.nerb.org (24 hrs service)
कृपया इस कार्ड को अपने चिकित्सक के दिखाने के समय हर समय साथ लायें।
Kindly keep this card with you and bring it on your follow-up visits.

1. No Smoking
2. Use Dettol
3. No Spitting



मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

SIGNATURE OF DOCTOR-IN-CHARGE
NAME _____
DESIGNATION _____

ब. रो. वि. कार्ड
O.P.D. Card

दोषित

अनुभाग व दिन
Section and Day VI
रविवार
Day & Saturday

कमरा नंबर
Cabin No.



UHID: 108864258
ABHA:
Dept No: 20250250120378

संख्या / Queue 7
कमरा / Room: 32
Unit-VI
RPC OPL

Dr. Shweta Chawla

सुर्पा सुर्पा / SURYA

S/D MANU
1Y 2M 14D / M एरुप
GRAM BAST, DIST MATHURA, UTTAR
PRADESH, INDIA
Mob: 9105367912
Follow Up Patient

WED SAT
रविवार

Registration time:
08/10/2025 09:25:57 AM

UHID

Name

Unit

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

Vh< / BE follows
light.

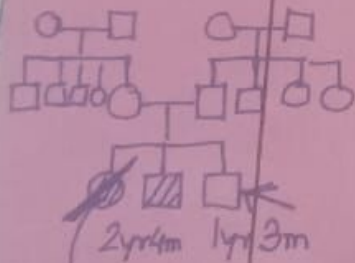
10P< / dig(N)

pupil< / D+C+

came for sibling screening.
elder sister died of Rb at 1.5yr of age
elder brother (currently 2yr 4m)
LE EORB (enucleated)
RE WNL.

O/E: ~~no~~ BE no leucocoria or squint noticed
BE cornea clear (? ↑ diameter)
AC deep, lens clear.

fn: BE glow(+), disc macula WNL
child uncooperative for peripheral
screening.



2yr 4m 1yr 3m
had Rb
died at 1.5yr of age.

PRC dilate BE

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

- धूमपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- धूकिये नहीं 3. No Spitting

Relationship with Patient Mother

Tel. (O) 905367912 (R)

I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION / TREATMENT TO THE
HAS SIGNED THE ABOVE CONSENT FORM.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

CONSENT FORM

U.H.I.D. NO. / O.P.D. NO. <u>108664258</u>		BED NO. _____
NAME: <u>Suanya</u>	SEX: <u>M</u>	AGE: <u>24</u>
SON / DAUGHTER / WIFE OF <u>Mathan</u>		
ADDRESS: <u>Amro Bazar, Mathura</u>		
TELEPHONE NO. (OFF) _____	(RESI.) _____	FAX. _____

INFORMED CONSENT

AUTHORISATION FOR MEDICAL TREATMENT, ADMINISTRATION OF ANAESTHESIA AND PERFORMANCE OF SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE

- I hereby authorise the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, A.I.I.M.S. and those the Institute may designate as staff to perform upon _____ the following medical treatment, surgical operation and / or diagnostic / therapeutic procedures _____
- It has been explained to me that during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedure in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorise the above designated staff to perform such additional surgical or other procedures as they deem necessary or desirable.
- I consent to the administration of anaesthesia and to the use of anaesthetics as may be deemed necessary or desirable, except to the following exceptions.

(Indicate exception or 'None')

- To the best of my knowledge, I state that I am / am not suffering from Hypertension / Diabetes / Bleeding disorders / Heart disease or _____
- I also state that I am not suffering from any known allergies or drug reactions. Which are _____
- I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.
- The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complications in the investigative procedures / investigations and treatment of my condition / diagnosis have been fully explained to me and I understand the same. I have also been explained that in view of squint any one or both eyes may need to be operated and I give consent for the same.
- I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.
- I acknowledge that no guarantee and promises has been made to me concerning the result of any procedure / treatment.
- I consent to the photographing or televising of the operations or procedures to be performed, including appropriate

Anaesthesia Record

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name: Sobha Age/Sex: 64/F UHID: _____ Ht/Wt: 157 CR.No.: _____
ASA Grade: 1 2 3 4 5 E Diagnosis: cataract Procedure: cataract Mobile No.: _____

Significant history/ medication:

(N) birth & developmental L to
pre-surgery - 1y ago LCA - clonic H.F. - u/c

Prematurity: Yes/No

Post gestational age:

Cyanosis / apnoea:

Previous Anaesthesia Exposure & its complications:

Congenital Anomalies/Syndrome:

(N) pediatric airway

Airway examination: Mouth opening:

Mallampati Class Teeth Tongue

Neck movements

Retrognathia

High arched/cleft palate

Tonsils

Intubation: simple / difficult

Respiratory System:

Resp. Rate

Auscultation

BW 60

Cardiovascular System:

Pulse rate/ Heart rate

Heart Sounds

Murmur

Any Significant finding

Preop.SpO₂

IV access: Easy / Difficult

Nervous System: MR / Delayed mile stones / CP / Seizures

Musculoskeletal system examination: head holding / difficulty in walking/ climbing stairs/
doing every day tasks

Investigations: HB

RFT

LFT

TFT

X-Ray Chest

ECG

ECHO

CT Brain

MRI

12/8/26
Having both scans
tomorrow in (55)
@ 10:00 AM

sh.

~~12/8/26~~ 12/8/26 Sibling Screens Buaya
EUA ↓ Unit 4 ↓ Dr. Shifer

BE { glow ⊕
Fundus WNL
No peripheral treatable

Advice: Review yearly in ocular oncology
clinic (142-B)

Shifer

History - History

Treatment - Treatment

Date for EVA

28 Oct 2021

OT 7th floor Farm

NPO explained

ny

28/10/25

BE EVA done by Dr Deep

BE for WNL, no peripheral treatable lesion
AS WNL

Adv BE E/D Myun 3T/DX 5 days → stop.
flw in OPD after 6 months / ses

HV 3/6/26/7th floor

7:30 AM

NPO explained Solids etc

Granulated chr
veg 4hr

33B Dr. Kumari

EVA → 12/08/26

OT- 7th Floor
7:30 AM

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में काम करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noblest

Take full care of them so that they can take care of you.

Solid - 8hr (12hr)

Liquid - 6hr (3hr)

flw - 6 AM
(2hr)

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