



GSTN : UN REGISTERED
D.L.No.:

STATE : DELHI (07)

STATE : DELHI (07)

LR No
Cases : 0

Manufacturer Name	HSN	Batch	Expiry	UoM	Qty	Free Qty	MRP	Rate	Disc % Amt	Value	SGST+CGST	Tax	Total
COCK 395000	90189019	3275244	09-26	XOF	1		147.00	50.25	0.00	50.25	8.00 + 1.00	8.00	58.25
STOPCOCK	90183990	2287377	09-25	-	2		254.00	130.79	0.00	254.00	8.00 + 1.00	21.36	275.36
SION 100 CM	90183990	3278259	09-26	-	2		339.00	165.68	0.00	339.00	8.00 + 1.00	29.58	368.58
UJ 100 ML	30063000	IOC24030	08-28	100 ML	1		1,774.50	1,200.50	0.00	1,200.50	8.00 + 1.00	98.04	1,298.54
309628	90183100	3110454	04-28	XOF	1		22.00	15.64	0.00	22.00	8.00 + 1.00	1.86	23.86
E 0.032 X	90181990	240417	03-27	1	1		330.00	110.64	0.00	330.00	8.00 + 1.00	26.45	356.45
INTROOUCER	30044010	712501218	12-27	-	1		2,425.00	1,200.32	0.00	1,200.32	8.00 + 1.00	96.03	1,296.35
R 5FR 90 CM	90183990	18387933	10-27	1	1		1,224.00	910.71	0.00	910.71	8.00 + 1.00	72.86	983.57
ECTED	90183990	31498829	09-27	1	1		12,584.00	10,673.71	0.00	10,673.71	8.00 + 1.00	853.90	11,527.61
HYBRID006D	90192090	23JMP01	08-25	1	1		2,995.00	2,291.00	0.00	2,291.00	8.00 + 1.00	183.28	2,474.28
	90183990	D004879	12-27	1	1		63,536.00	50,215.00	0.00	50,215.00	8.00 + 1.00	4,017.20	54,232.20
	90183990	00568683	05-29	1	1		39,528.00	33,174.86	0.00	33,174.86	8.00 + 1.00	2,653.99	35,828.85
										100,433.36		11,857.78	112,291.14

Two Thousand Two Hundred Forty Three Rupees only

User Printed By
NIDHI

User Created By
NIDHI

Checked By

SUB TOTAL	112,291.14
SGST Amt	8,017.20
CGST Amt	8,017.20
Disc Amt	0.00
Round off	0.00
Grand Total	128,325.54
TCS Amt	0.00
Net Payable	128,325.54

For IMPEX HEALTHCARE PVT LIMITED



Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New
Delhi, 110029

126

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UHID : 107760200
Name: Mr. VIKAS VIKAS
Age/Sex: 35 years 5 months 21 days / Male
Ward Name: APC 1A
Address: VILLAT - KTERNA, DELHI, INDIA
Mobile No: 9927031858
Date of Admission: 11/05/2025 11:11:42 AM
Date of Discharge: 22/05/2025 05:28:00 PM

Ex No: A-000481-25
Department: R. A. Centre (Eye Centre)
Unit: UNIT VI
Bed No.: 126

Drug Allergy, if any :-

ICD Code: *C69.2
ICD Description: Malignant neovascular Retina

Diagnosis

RE REGRESSING MULTIFOCAL GROUP A RB
LE REGRESSING GROUP E RB

Investigation

Systemic: NO ST

Ocular

VA
RE FOLLOWS LIGHT
LE DO NOT FOLLOWS LIGHT
ICP
RE DIS NORMAL
LE DIS NORMAL

Treatment/Operative Procedure

Surgeon
Date: 13/05/2025

Surgery

RE EUA PLUS RE TTT - 1000 Blows / on Day 1
POWER 280 MW
DURATION 3000 MS
REPEAT INTERVAL 50 MS
SPOTS 33
A. Vapour / A. Vapour

Condition at Discharge

Vision: RE Follows light
LE No not follow light
Anterior Seg: RE MILD CONGESTION PRESENT
CORNEA CLEAR
AC FORMED
LENS CLEAR

IOP

RE 10 mmHg @

Posterior Seg.

RE GLOW PRESENT

Advice During Discharge

Oral
Follow Up: FOLLOW UP AFTER 3 WEEK FOR EUA 7 TH FLOOR 7
30 AM ON 12/6/2025

Topical
Position

Prepared By: Dr. Pooja Yadav Ophthalmologist

Signature Of Senior Resident

Date & Time

10/1/20

DATE

PLA done 1 Unit 6

RENT

Dr. Bhavna / Dr. Deep / Dr. Tapaswini /
Dr. Nivargana

Total 6 @ HDCEV (last 11/3/25)

POSTERIOR

ANTERIOR



@ 11/1 done

T = 280 mW

ACSA

Diameter = 9000 ms

R-interval = 500 ms.

spots = 33

multiple
areas of active
masses at
periphery

partially
Calcified mass

USG

Apical Height

Basal Diameter

SCOPY
 ...
 ...

Class ②
 with less
 vol 1-32

③
 50% partially elevated
 20% depressed lesions

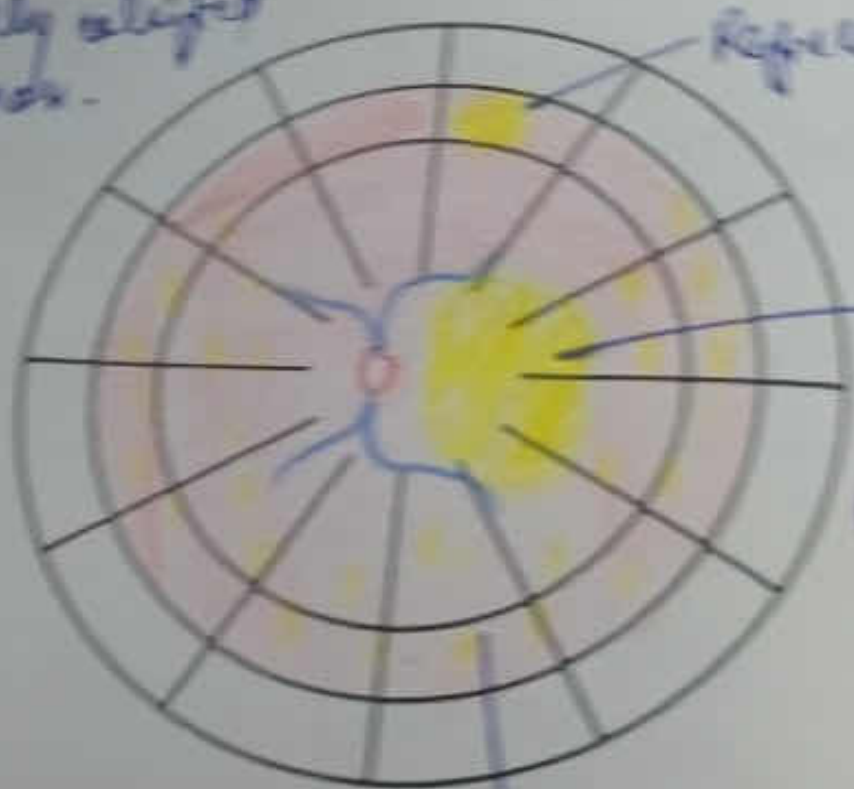
Class ③
 with less
 vol 1-32

partially elevated
 depressed lesions
 20% depressed lesions



partially elevated
 lesions

depressed lesions



depressed lesions

elevated
 pigment

multiple active sites

Follow up Visit

Date:

Previous Treatment:

- (R) Regressing Cap B
- (L) Group 6 RB

Treatment

Right Eye

Left Eye

IAC

22/4/25

EUA Limit 6 (Dr Narintana)

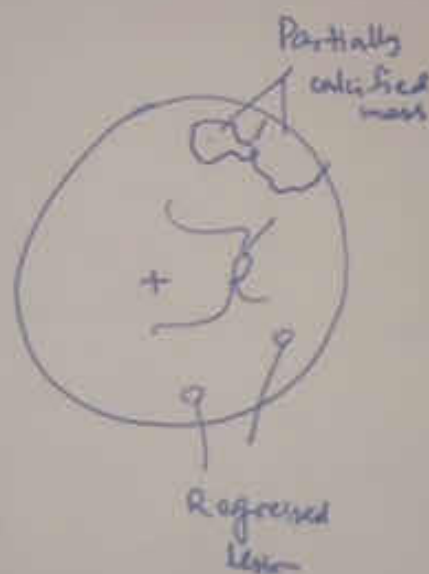
IVC

total chemo 60 last (11/3/25)

Intravitreal chemo

Plaque brachytherapy/EBRT

Photodynamic therapy / Transpupillary thermotherapy



Adv

CD/W Dr Lomi

(B2) Eld Mycin (3) X 32

T 7m floor
Bam

NPO explained

(R) TTT to be done on

(L) IAC single drug

Next EUA after 4 wks

flu
DOM

7/15/25
Loma
7/15/25

1000000000

main

ESTIMATE CERTIFICATE TO WHOM IT MAY CONCERN

This is to certify that Shri/Ms. Virat Age 1 year Gender Male

S/o, D/o, W/o is getting treatment under Ophthalmology

vide registration no. 107760350 UHID No. 107760350

is suffering from B/L Retinoblastoma

He/she has been advised for surgical items for IAC procedure of 1 cycles for Single regimen and the

approximate cost of the total treatment is Rs. One lakh one thousand four hundred

(in words) one lakh one thousand four hundred

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

1. INJECTION OMNIPACONE/OMERON 300mg/50ml	1000RS
2. THREE WAY CONNECTOR(BD)-1	268RS
3. SHORT CONNECTING TUBES WITH 3 WAY-2	120RS
4. LONG CONNECTING TUBES WITH 3 WAY-2	308RS
5. LUER LOCK SYRINGES 10ml/0.1ml-1	43RS
6. MEDICUT 18G/PUNCTURE NEEDLE 18G/21G-1	315RS
7. EXCHANGE GUIDEWIRE(TERMO) 150cm, 32 ANGLED-1	2226RS
8. DOUBLE LARGE BORE Y-CONNECTOR(MERIT)-1	1250RS
9. FEMORAL SHEATH(ARROW) 5F X 7.5cm-1	1224RS
10. ENVOY 5F-1	12384RS
11. MARATHON-1/HEADWAY 21	52700RS
12. HYBRID/MIRAGE-1	26900RS
13. INJECTION MELPHALON 50mg/10ml	2,500RS
14. INJECTION TOPOTECAN 2.5mg/2.5ml	4,000RS
15. INJECTION CARBOPLATIN 150mg/15ml	1,000RS

Note:-
This estimate certificate is being issued to avail financial assistance for treatment only.
The said estimate certificate is valid and applicable to avail financial assistance from Rashtriya Arogya Nidhi (RAN), Delhi, Arogya Nidhi (DAN), State illness assistance fund, Ministry of Health & Family Welfare, Government of India, Health Minister's Discretionary Fund (HDF), Ministry of Health & Family Welfare, Government of India, CM relief fund, and fund from other sources.
This estimate certificate is also applicable for Govt. PSU's employees and beneficiaries of ESI.
The cheque is to be issued in favor of "Director AIIMS, New Delhi".

(Name & Signature of Consultant)



डॉ० राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S.
Ansari Nagar, New Delhi-110029

Consultant

Prof. Pradeep Venkatesh, Sr. Resident Dr. Jayaram, Jr. Resident Dr. Subhasini

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
 100, Ansari Nagar, New Delhi-110029
 Phone: 011-26441111
 Fax: 011-26441111
 Email: info@aiims.edu
 Website: www.aiims.edu
 ACCOUNTS: 011-26441111
 011-26441111

Sp. Clinic No. _____ Ward / Bed No. **126**

Age _____ Sex _____ Nationality _____

Family Income _____ Single / Married _____

number of family members (including self) _____

Occupation _____

D.A. _____ Time _____

D.C.D. _____ Time _____

Previous Admission / CR No. _____

Admission-Routine / Emergency / EHS / _____

Permanent Address _____

Local Address _____

Tele No. **9927051658**

DIAGNOSIS	Primary	2nd	3rd	Code No.
Right Eye VA - Follows light LUP - Dr. (W)	RE REGRESSING MULTIFOCAL GROUP B RL			1) No SF 2) 3)
Left Eye VA - Follows light LUP - Dr. (W)	LE REGRESSING GROUP E RL			1) 2) 3)
Surgical / Operation tment				

It : Cured / Relieved / Stationary / Failure

graphs No. _____

No. _____

Histopath Report No. _____

W.S.

15/5/20
Date:

PVA done 1 Unit 6

ASOCT

Dr. Bhawna / Dr. Deep / Dr. Tapaswini /
Dr. Nitya

Total 6 @ KDCBV (last 11/3/25)

PSOCT/OCTA

FAF/FFA



① TTT done

P = 280 mW

ICGA Duration = 9000 ms

R. interval = 500 ms.

spots = 33

multiple
areas of active
masses at
periphery

partially
calcified

USG

Apical Height

Basal Diameter



Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UNITED :
Name: ANUBHAV VISHAY
Age/Sex: 1 year 5 months 21 days / Male
Ward Name: BPC 1A
Address: VILLAT, AYERNA, DELHI, INDIA
Mobile No: 9827001488
Date of Admission: 11/05/2025 11:11:42 AM
Date of Discharge: 22/05/2025 05:38:00 PM

Cr No: 9-020415-25
Department: W. H. Centre (Eye Centre)
Unit: Unit 15
Bed No: 126

Drug Allergy, if any :- []

ICD Code: *C69.2
ICD Description: Malignant neoplasm of retina

Diagnosis
RE REGRESSING MULTIFOCAL GROUP B RB
LE REGRESSING GROUP E RB

Investigation
Systemic: NO SI
Ocular:
VR
RE FOLLOWS LIGHT
LE DO NOT FOLLOWS LIGHT
IOP
RE DSG NORMAL
LE DSG NORMAL

Treatment/Operative Procedure

Surgeon
Date: 13/05/2025

Surgery
RE EUA PLUS RE TT (By Sharma / Dr. Deep
POWER 250 MW
DURATION 9000 MS
REPEAT INTERVAL 30 MS
SPOTS 33
By Kapil / Dr. Arun

Condition at Discharge

Vision: RE Follows light
LE Do not follow light
Anterior Seg.: RE
MILD CONGESTION PRESENT
CORNEA CLEAR
AC FORMED
LENS CLEAR

IOP: RE 14 mmHg
LE
Posterior Seg.: RE GLOW PRESENT

Advice During Discharge

Follow Up: FOLLOW UP AFTER 3 WEEK FOR EUA 7 TH FLOOR 7
: 30 AM ON

Topical
Position

12/6/2024
no / 1st visit
2nd visit
3rd visit
4th visit
5th visit
6th visit
7th visit
8th visit
9th visit
10th visit
11th visit
12th visit
13th visit
14th visit
15th visit
16th visit
17th visit
18th visit
19th visit
20th visit
21st visit
22nd visit
23rd visit
24th visit
25th visit
26th visit
27th visit
28th visit
29th visit
30th visit
31st visit
32nd visit
33rd visit
34th visit
35th visit
36th visit
37th visit
38th visit
39th visit
40th visit
41st visit
42nd visit
43rd visit
44th visit
45th visit
46th visit
47th visit
48th visit
49th visit
50th visit
51st visit
52nd visit
53rd visit
54th visit
55th visit
56th visit
57th visit
58th visit
59th visit
60th visit
61st visit
62nd visit
63rd visit
64th visit
65th visit
66th visit
67th visit
68th visit
69th visit
70th visit
71st visit
72nd visit
73rd visit
74th visit
75th visit
76th visit
77th visit
78th visit
79th visit
80th visit
81st visit
82nd visit
83rd visit
84th visit
85th visit
86th visit
87th visit
88th visit
89th visit
90th visit
91st visit
92nd visit
93rd visit
94th visit
95th visit
96th visit
97th visit
98th visit
99th visit
100th visit

Prepared By: Dr. Pooja Yadav, Ophthalmologist

Signature Of Senior Resident

Date

