



**A SMALL CHILD, A BIG PAIN AND
A LONG ROAD TO RECOVERY.
EVERY ACT OF KINDNESS BRINGS
HOPE.
PLEASE [CLICK HERE](#) TO DONATE**





MAA SHITLA NURSING HOME

9452514835, 7310116151

maashitlanursinghomeknp@gmail.com

Awash Vikas No. 3, Panki Road (Near- HP Petrol Pump) 208017

3376, 8690017492
s No. 3 Panki Road

r HP Petrol Pump)
Kangur - 208017

CASH SHEET ADMISSION / DISCHARGE RECORD

Reg. No. GEN / Dept. T.C.U - 3 Ward / Bed No. T.C.U
Name of Patient : Mastan gauray Age 18y Sex Male
Father / Husband Name : Mu. Hanu kumar
Address : Will: Tikri Bairagar post - Hanth Mob. No. 9026132051

Date of Admission : 18-06-2026 Time : 11:00 PM
Occupation : Student Nationality Indian Religion : Hindu

Doctor - In-Charge : Dr. Mohan Prasad Bed No. : T.C.U. 3

Service Unit / Ward : Date of Discharge : Relation : EMP No. :

Provisional Diagnosis :

Final Diagnosis :

Operative Special Procedures :

Result	Cured	Relieved	LAMA	Investigation Only	DOPR	EXPRIED

Signature & Name Resident dr.

Signature of Consultant

Authorization for Admission / Treatment

Permission is hereby given for the performance of any diagnostic examination, biopsy, transfusion and blood & its products, operation and for the administration or any anaesthetic / sedation as may be deemed advisable in the course of this hospital admission. The risk of various procedure has been explained to me and I am willing to undertake the risk.

Whatever money and valuables I bring into the hospital with me will be kept at my own risk and the hospital will not any way be responsible for its loss / damage.

I full understand that does MAA SHITLA NURSING HOME not grant any credit to patient unless a letter of authority from the agency or party responsible for payment is received before the time of patient leave of the hospital and I will be responsible for all the legal matters subject to Kanpur Jurisdiction only.

I have received visitors pass, attendant pass, food pass and agree to abide by hospitals rules and regulation.

विमो

Signatory Relationship

[Signature]
Signatory of Admitting Clerk



SOHU DIAGNOSTIC

Accurate | Reliable | Caring

9571663376 ,8690017492
Awasthi Vikas No. 3 Panki Road

(Near HP Petrol Pump)
Kalyanpur, Kanpur - 208017

Name : Master GAURAV
Age/Gender : 13 Year /Male
Referred By : SELF
Patient ID : 260627003
Report ID : RE170
Registration Date : 27/06/2026 12:47 PM
Received Date : 27/06/2026 12:52 PM
Collection Date : 27/06/2026 12:47 PM
Report Date : 27/06/2026 01:26 PM
Report Status : Final



TEST DESCRIPTION	RESULT ENTRY	FLAG	BIO. REF. RANGE	UNIT
HAEMATOLOGY				
COMPLETE BLOOD COUNT (CBC)				
Sample Type: Edta wb				
Haemoglobin	11.	L	11.5 - 18.0	g/dL
Total Leucocyte Count	14000	H	4000 - 10000	/cumm
Differential Leucocyte Count				
Neutrophils	75		40 - 80	%
Lymphocytes			20 - 40	%
Eosinophils	03		1 - 6	%
Monocytes	02		2 - 10	%
Basophils	0		0	%
Absolute Leucocyte Count				
Absolute Neutrophils	10500	H	2000 - 7000	/cumm
Absolute Lymphocytes	2800		1000 - 3000	/cumm
Absolute Eosinophils	420		20 - 500	/cumm
Absolute Monocytes	280		200 - 1000	/cumm
Absolute Basophils	00		00 - 10	/cumm
RBC Indices				
RBC Count	3.95	L	4.5 - 5.5	Million/cumm
Hct	33.9	L	40 - 50	%
MCV	85.82		81 - 101	fL
MCH	27.85		27 - 32	pg
MCHC	32.45		31.5 - 34.5	g/dL
Platelets Indices				
Platelet Count	3.45	L	150000 - 410000	/cumm

~~End of report~~

Dr. A. K. Asthana
MD Pathologist

Technician



MEDICITY HOSPITAL UNNAO

(A UNIT OF MISHIKA SUPER SPECIALITY HOSPITAL-KANPUR)

Indira Nagar (Unnao & Raibareli Road Near CNG Pump) Unnao-U.P.

Ph.:- 0515-7968844, 8299758166, 8957395400 E-mail : medicityhospitalunnao@gmail.com

LAMA

Dated- 18/6/2026

Pt. (Master Gaurav / 13 years / male) brought to the hospital c/o electric burn / scalded. Right burn / Pt. upper limb burn / lower limb burn.

Seen conscious & agitated and confused.

He was admitted in Gov & vitals stable at the time of admission.

Pt. was given the following 1st treatment and 10 antibiotics and further symptomatic treatment and supportive management.

Pt. Condition well explained to Pt. attendants but still they want to take further hospital.

Dr. [Signature] Continue 10 antibiotics and further management.

[Signature]



DOCTOR'S PATH LABS

Where accuracy matters most

9 AMBEDKAR PURAM, AWAS VIKAS NO-3, PANKI ROAD (NEAR NANDAN PALACE) KALYANPUR, KANPUR



8115593411

doctorspathlabs0@gmail.com

Date : 05-Jul-2026

Name : Master GAURAV

Ref By : Dr. MAA SHITLA NURSING HOME

Centre : MAIN-CENTRE

Age : 13 Yrs

Sex : Male

Investigation(s) CBC, LFT-EXTENDED, RENAL / KIDNEY PROFILE

Test	Patient Value	Units	Normal Value
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Complete Blood Count (CBC)

Hemoglobin	10.3	gm%	13.00-16.00
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Method: Cyanide free

Total Leucocyte Count (TLC)	6800	Cells/cumm	4000-10000
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Method: Electrical Impedance

Diff Leucocyte Count (DLC)	69	%	40.00-70.00
----------------------------	----	---	-------------

Polymorphs

Lymphocytes

Monocytes

Eosinophils

Basophils

Platelet Count	2.98	Lac/cub.m.m.	1.50-4.50
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Method: Electrical Impedance / Microscopic

Total RBC Count	3.66	million/ cub. m.m.	4.0-5.50
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Method: Electrical Impedance

Hematocrit Value, Hct	32.2	%	40.00-48.00
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Method: Automated Calculation

Mean Corpuscular Volume, MCV	88.1	fl	80.0-99.0
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Method: Electrical Impedance

Mean Cell Haemoglobin, MCH	28.1	pg	26.0 - 32.0
----------------------------	------	----	-------------

Method: Electrical Impedance

Mean Cell Hb Conc. (MCHC)	31.9	g/dl	32.0 -36.0
---------------------------	------	------	------------

RDW-SD

RDW-CV

Mean Platelet Volume (MPV)

Platelet Distribution Width

Plateletcrit (PCT)

PLATELETCRIT LARGE CELL RATIO

Method- Fully Auto Hematology Analyser/Microscopic

8115593411

SAMPLE COLLECTION FACILITY AVAILABLE

not for diagnosis. Not to be used free of charge on the advice of a consultant.

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8115593411

doctorspathlabs0@gmail.com

Date : 05-Jul-2026
Name : **Master GAURAV**
Ref By : Dr. MAA SHITLA NURSING HOME
Investigation(s) CBC, LFT-EXTENDED, RENAL / KIDNEY PROFILE

Centre : MAIN-CENTRE

Age : 13 Yrs

Sex : Male

Test	Patient Value	Units	Normal Value
------	---------------	-------	--------------

BIOCHEMICAL EXAMINATION

RENAL / KIDNEY PROFILE

BLOOD UREA NITROGEN (BUN)

mg/dl

BLOOD UREA

mg/dl

UREASE-GLDH)

SERUM CREATININE

0.33

mg/dl

0.7-1.4

(Jaffe's Method)

SERUM URIC ACID

3.8

mg/dl

3.6-7.7

(Uricase- Trinder's Method)

SERUM CALCIUM

9.0

mg/dl

8.40-11.5

(Arsenazo Method)

SERUM SODIUM

137.1

mEq/L

135.0-155.0

(Colorimetric Method)

SERUM POTASSIUM

4.16

mEq/L

3.50-5.50

(Colorimetric Method)

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Name : Master GAURAV
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Investigation(s) : CBC, LFT-EXTENDED, RENAL / KIDNEY PROFILE

Centre : MAIN-CENTRE

Age : 13 Yrs.

Sex : Male

Test	Patient Value	Units	Normal Value
------	---------------	-------	--------------

BIOCHEMICAL EXAMINATION

LIVER FUNCTION TEST

(Normal Values)

SGPT(ALT),Serum (Modified IFCC Method)	21	IU/L	UP TO 42
SERUM BILIRUBIN (TOTAL) (Jendrassik & Grof's Method)	0.12	mg/dl	Up To 1.1
SERUM BILIRUBIN DIRECT (D) (Jendrassik & Grof's Method)	0.08	mg/dl	0.02-0.32
SERUM BILIRUBIN (INDIRECT) (Calculated)	0.03	mg/dl	0.20-0.60
SGOT(AST),Serum (Modified IFCC Method)	34	IU/L	10-40
ALKALINE PHOSPHATASE (IFCC Method)	86	IU/L	67-382
SERUM PROTEIN (Biuret Method)	7.9	mg/dl	6.0 - 8.3
SERUM ALBUMIN (BCG Dye Method)	4.3	mg/dl	3.2 - 5.0
SERUM GLOBULIN (Calculated)	3.6	mg/dl	2.9-6.6
SERUM A/G RATIO	1.19 : 1	Ratio	1.0-2.3

CONSULTANT PROGRESS NOTES AND ORDERS

Name of Patient Gaurav Age/Sex Ward/Bed No.

IPD UHID

Date/Time	Diagnosis	Order
<u>20/06/2026</u>		<u>OT Notes</u>
	Δ. Post high tension electric burn @ upper limb gangrene with multiple wounds over body.	
	Surgery → (Rt) shoulder level disarticulation + (Rt) Axillary Artery ligation. + Rt side scalp wound debridement	
	Surgeon → Dr. Tushar.	
	Anesthesia - GA by Dr. Rahul	

Signature of C/I

CONSULTANT PROGRESS NOTES AND ORDERS

Name of Patient Age/Sex Ward/Bed No.

IPD UHID

Date/Time	Diagnosis	Order
-----------	-----------	-------

Electrolyte @ ear, ..
↓ hearing, ..
Dressing @

Hearing assessment after 1-2 wks

[Signature]

22/6

Am

Check & Bay
PAINW

In Dalacin 300ml in 50ml NS 100mg

[Methylpred 2mg
- Bux]

Abx

24/6/2024

GC fair
Vitals stable

At 1 day

Frage 100 Bld &

Ad.

Stop Inj. Amikacin
Inj. MVR
Inj. Ondansetron

Rest C&T

Plan for discharge to GA
on Friday

Signature of C/I

[Signature]

Name of Patient's Clinician Incharge
 Room/Bed No Treatment
 Date Room/Bed No Date

36/02/2016

History/Progress

OT Notes

A - Post high tension electric burn
 with Gargene (R+) foot 2nd sp3 toe
 and multiple wounds over body

Surgery

→ Amputation of (R+) foot
 2nd sp3 toe
 +
 wounds. Debridement

↓ ~~Spinal~~

Spinal Anesthesia

A + S done

Post op order
 Ps.

- (I) NPO till 6 hrs.
- (II) supine position fangled
 head raise for 24 hrs
- (III) leg elevation order

P.T.O.

CONSULTANT PROGRESS NOTES AND ORDERS

Name of Patient Age/Sex Ward/Bed No.

IPD UHID

Date/Time	Diagnosis	Order
		- 2mg cephax 50ml in 150 - 2mg Pantop 20mg in 50 2mg cefidofene 1/2 amp in 100 2mg Emoxol 1/2 amp in 100 8mg Tramadol 1/2 amp + 100ml in 100 2mg Tranexa 500mg in 100 2mg Hydrocortisone 250mg in 100 Propped up position. One pt orally allowed ↓ T. chymolal full 1/2 tab 50 T. Vit C 1/2 50

Adh
CBC

Transfuse
200ml of
PRBC

Watch for bleeding
recoiled of infusions

Signature of C/I

Cher.



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CONSULTANT PROGRESS NOTES AND ORDERS

Name of Patient: Gaurav Age/Sex: M Ward/Bed No.:

IPD: UHID:

Date/Time	Diagnosis	Order
19/06/2020		
		C/S/B Plastic Surgery
		A/H/O high tension plastic burn
		4 days back.
		H/O face (+).
		H/O LOC (+).
		Pt conscious, oriented
		Time, place & person.
		Approx. 15-20% TBSA
		GC skin
		Front
		Back
		Upper limb gangrene (+)
		with Axillary involvement

Signature: C/I



MAA

9452514835

Awash Vik

CONS

Name of Patient:

IPD:

Date/Time:

Di



MAA SHITLA NURSING HOME



FOR OFFICE USE ONLY
(NOT FOR MEDICO LEGAL PURPOSE)

Regd. No. 11022 Dr. Name Dr. Tushar Patel

Date of Admission 18-06-2026 Date of Discharge _____

IPD

Patient Name Monter Jangra Sex Male
Age 45 year
Father's/Husband's/Guardian's Name Mr. Hani Kumar
☒ Clinical Incharge _____
Ward I.C.U



भारत सरकार

GOVERNMENT OF INDIA



सुमन

Sumang

जन्म तिथि/ DOB: 01/01/1991

महिला / FEMALE



8580

मेरा आधार, मेरी पहचान



भारत सरकार

GOVERNMENT OF INDIA



हरी

Hari

जन्म तिथि/ DOB: 01/01/1990

पुरुष / MALE



8297 [REDACTED]

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

अश्विनी: हरी, टिकरी
बरागर, हड्डहा, उन्नाव
उन्नाव,
उत्तर प्रदेश - 209801

W/O: Hari, tikari bairagar
hadha, Unnao, Unnao
Uttar Pradesh - 209801

8580 [REDACTED]

MEERA AADHAAR, MERI PEHACHAN