





**Jindal Super Specialty Hospital**  
 (A Unit of Raj Jindal Hospital & Research Centre Pvt.Ltd )  
 S.P.M. NAGAR,  
 BHARATPUR -321001 RAJASTHAN  
 05644-237505

**Admission Face Sheet**

P.Name : Miss.KANAK  
 Admn No : IP260002150 Admn Dt : 25-May-2026  
 UHID NO : UMR0022782 Admn Time : 12:21  
 Age/Sex : 8Y(s)24D (s)/Female Phone :

NO.D/O.W/O : BALRAM  
 Consultant : Dr.KAPIL JINDAL/ LK MISHRA  
 Admission Doctor : Dr.KAPIL JINDAL/ LK MISHRA  
 Adm By :  
 Patient type : Cash  
 Occupation : Not Specified  
 Address : SEH BABEN KUMHER BTP,BHARATPUR  
 Name : BHARATPUR,Rajasthan

Mother Name : Not Specified  
 Department : PAEDIATRIC  
 Admn. Type : Walkin  
 Marital Status : Single  
 Religion : Others  
 Ward/Bed : GENRAL WARD PEDIATRIC/GENRAL WARD PEDIATRIC/PW/279  
 Cmp Name :  
 Attendant Ph. :

Adm By : 562  
 Adm By : 562



**Patient/Attendant Signature**

Create Date : 25-May-2026 12:21  
 Print Date : 25-May-2026 12:21



IP260002150



(A Unit of Raj Jindal Hospital and Research Centre Pvt. Ltd.)  
SPM Nagar, Bharatpur - 321001 (Rajasthan)

## INDOOR TICKET

MLC NO. 1 Y

No. 22252 LPD No. 2150 Ward/Bed: Pedia Ward Consultant: DR Kapil Jindal

Name: MISS Kanak W/S/D/o: Bardam Age: 8 Sex: M/F

Address: Sh. Baban, Kumbhar dady Ph. No. \_\_\_\_\_

Admission & Time: 25/5/26 D.O. Operation & Time: \_\_\_\_\_

Discharge & Time: \_\_\_\_\_ D.O. Delivery & Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Chief complaints with Duration: \_\_\_\_\_

A/H/O -  
Born by liquid (milk)  
accidently over right lower  
limb left foot & pedicular  
palm swelling blister over

Vitals  
BP: 102/76 mmHg  
HR: 120 B/M  
RR: 20  
Sat: 98.1  
Temp: 98.6

### Examination

CNS: conscious

CVS: S<sub>1</sub> + S<sub>2</sub> = 0

Resp: B/C A/E equal

Abd: Soft

Local: MA



### History:

MA

HT: 3m  
Asthma: 3m

Other (Medical/Surgical): \_\_\_\_\_

Previous History: 3m

Prevalent Screening:  Diabetic  Diet Non Diabetic  Type of Diet: \_\_\_\_\_

Three Month Appetite:  Increase  Decrease  No change

Inform:  Yes  No  Not know it  yes specify: \_\_\_\_\_





<b>UMR NO / IP No</b> : UMR0022782 / IP260002150	<b>Bill Date</b> : 25-May-2026 12:39 PM
<b>Name</b> : Miss . KANAK	<b>Sample Date</b> : 25-May-2026 12:39 PM
<b>Age / Gender</b> : 8Y(s) / Female	<b>Reporting Date</b> : 25-May-2026 02:41 PM
<b>Specimen Type</b> : EDTA Blood	<b>Type / Bed No</b> : CASH / GENRAL WARD PEDIATRIC
<b>Doctor Name</b> : Dr.KAPIL JINDAL/ LK MISHRA	

## HAEMATOLOGY

BAR CD : 2605250234

PARAMETER	RESULT VALUES	UNITS	NORMAL VALUES
<b>CBC (COMPLETE BLOOD COUNT)</b>			
HAEMOGLOBIN	14.7		11.00-21.00
WBC	19.70	10 <sup>3</sup> /ul	6.00-11.00
NEUTROPHILS	90.7	%	45.0-70.0
LYMPHOCYTES	4.9	%	20.0-40.0
MONOCYTES	4.0	%	2.0-10.0
EOSINOPHIL	0.0	%	1.0-6.0
BASOPHIL	0.4	%	0.0-2.0
HAEMATOCRIT(HCT) ( ABG )	45.8		40.0 - 54.0
Red Cell Count (TRBC)	5.27		4.0 - 5.2
MCV	86.9		83.0 - 101.0
MCH	27.9	pg	31.0-37.0
MCHC	32.1	g/dl	32.0-36.0
PLATELET COUNT	258	10 <sup>3</sup> /ul	150-500

\*\*\* End Of Report \*\*\*

**Dr. PREETI TYAGI**  
**MD (PATHOLOGY)**  
**CONSULTANT**  
 Reg No : MCI/09-35445

Verified By

User : 962

Print Dt : 25-May-2026 04:00 PM

Billing Instructions

(Excluding-Medicine, Bed, Blood, ICU, investigation)

- 1. Actual
- 2. Package Rs
- 3. Medicines Own Hospital

200 BURN INJURY

Provisional Diagnosis:

Investigations Advised:

CBC, CRP, RFT, RBS

Care Plan:

DNS 500ML + 1 AMP KCL @ 40ML/HR

IM- TA20CEF 500MG LV 1-1

IM LINOZOLID 100MG LV 1-1

IM PCM 40ML LV SOS

IM- IBUPROFEN 8ML SOS

SA H2CO3 5ML SOS

SOST LOX JALY + ZALOMAZE DRE

Diet / Nutrition Advice:

Soft diet

Life Parenting:

Immunization:

Rehabilitation Advice:

Doctor Name: DR Sakray

Date & Time: 26/5/26

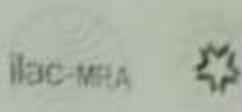
Signature: @

NO: JSSH/CNC/IT/001

Doctor Name: DR KAPZL

Date & Time: 26/5/26

Signature:



<b>UMR NO / IP No</b>	: UMR0022782 / IP260002150	<b>Bill Date</b>	: 25-May-2026 12:39 PM
<b>Name</b>	: Miss . KANAK	<b>Sample Date</b>	: 25-May-2026 12:39 PM
<b>Age / Gender</b>	: 8Y(s) / Female	<b>Reporting Date</b>	: 25-May-2026 02:41 PM
<b>Specimen Type</b>	: Serum	<b>Type / Bed No</b>	: CASH / GENERAL WARD PEDIATRIC
<b>Doctor Name</b>	: Dr.KAPIL JINDAL/ LK MISHRA		

## BIOCHEMISTRY

BAR CD : 2605250231

PARAMETER	RESULT VALUES	UNITS	NORMAL VALUES
<b>RENAL FUNCTION TEST (RFT)</b>			
UREA	23.6	mg/dL	10.0-50.0
S. CREATININE	0.40		0.6-1.1
S.PHOSPHOROUS	4.04	mg/dL	2.5-4.5
URIC ACID	3.48	mg/dL	2.4-5.7
SODIUM	134.34		135.0 - 145.0
POTASSIUM	3.28	mmol/L	3.50 - 5.0
CHLORIDE	100.83	mmol/L	98- 106
<b>CRP</b>			
CRP ( Quantitative )	1.3	mg/L	0.6 - 6.0
<b>BLOOD SUGAR RANDOM</b>			
BLOOD SUGAR (RANDOM)	201.76	mg/dL	70- 140

\*\*\* End Of Report \*\*\*

*Preeti Tyagi*

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All tests have technical limitation. The reported results are for information and for interpretation of the referring doctor only. Corroborative clinical pathologic interpretation is mandatory. In case of disparity test may be repeated immediately. Patient is advised to contact contact laboratory immediately for post remedial action. Ph. No. 05644-294560 Ext-170 (Laboratory). This report is not valid for medico-legal purposes.

DOC NO JSSH/LAB/LH/04



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HAEMOGLOBIN (Hb)	5.27		4.0 - 5.2
MEAN CORPUSCULAR VOLUME (MCV)	86.9		83.0 - 101.0
RED CELL DISTRIBUTION WIDTH (RDW)	27.9	pg	31.0-37.0
HAEMOGLOBIN (Hb) (g/dl)	32.1	g/dl	32.0-36.0
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