

TAX BENEFITS

URGENT SUPPORT



ANJALI KUMARI (02 YEARS)

UHID - 108103032

Retinoblastoma Eye Cancer

www.savioursfoundation.org

MEDICAL BILLING

BABY ANJALI

GSTIN : 07AAXFN1006E1ZE

D.L.No.: - RLF21DL2024002964
D.L.No.: - RLF20DL2024002959

TAX/RETAIL INVOICE/CASH MEMO

KNOW AIDS  **NAMO MEDICOS**  **NO AIDS**

SHOP NO BARE SPACE AIIMS BS-01 AT AIIMS METRO STATION,
NEAR GATE NO 2 DELHI, SOUTH DELHI
DELHI-110029
MOBILE : +91 8744044032

Bill No. : 012744 **DATE :** 15/09/2025
Pt. Name : ANJALI KUMARI **Pr.by Dr. :**
Address :

QTY.	DESCRIPTION	BATCH No.	EXP. DT.	HSN	GST%	AMOUNT
1	BLEOCIN-15IU, INJ.	LBLA25030308/27		3004	5.00	633.00

SAVIOUR FOUNDATION

ALL CREDIT CARDS ARE ACCEPTED HERE
Indian & Imported Medicine H.I.V. (AIDS).
Anti cancer Drugs, Herbal Medicine & Cosmetics

NOTE: CUTTING STRIPS & FRIDGE ITEMS (WITHOUT ICE WILL NOT BE RETURNED
MEDICINE WILL BE RETURNED) WITHIN 10 DAYS WITH BILL FROM SALE DATE

LOVE NAGER

GROSS AMOUNT :	633.00
LESS DIS.% :	63.00
NET AMT. (R/O) :	570.00

Rupees

A Trusted Name for Genuine Medicines

For Namomedicos

◆ Prices of Medicines are inclusive of GST ◆ Goods once sold will not be taken back.
◆ All Disputes Are Subject To Delhi Jurisdiction (Computer Generated Invoice)

MEDICAL BILLING

JSP Page https://ehospital.aiims.edu/ehospitalbilling/billing/moneyreceipts/r

दूरभाष { 26588500
Phones { 26588700

नकदी रसीद / CASH RECEIPT
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

Dept No: 20250030007912

रसीद संख्या / Receipt No.:
जमाकर्ता / Received From: ACCOUNTS-18/50634/202526
ओ.पी.डी./यू.एच.आर.ओ.पी.डी. / OPD No.:
के नामे / ON ACCOUNT OF: MISS ANJALI KUMARI, Age: 1 Yrs 10 Mons 9 Days
108103032 (OPD)

दिनांक / Dated : 13/06/2025
रोगी प्रकार / Patient Type : General
कक्ष संख्या / Room No. :

SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	NMR (M.R.I.) - CHARGES FOR FILM	1	500.00	0.00	500.00

Printed on 13 Jun 2025 11:26:22 AM

अ० भा० आयु० संस्थान
A. I. I. M. S.
MRI DONE
No. 65813/PP/25
Date: 13/6/25

भुगतान का प्रकार / Payment Mode :
रुपये / INR (Rs.): GST:0.00
रुपये शब्दों में / Rs. in Words: 500.00(Including GST)
Rupees Five Hundred Only

MR. BIJENDER SINGLE WINDOWS

शरीरमाद्यं खलु धर्मसाधनम्

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

https://ehospital.aiims.edu/ehospitalbilling/billing/money

दूरभाष { 265
Phones { 265

नकदी रसीद / CASH RECEIPT
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

Dept No: 20250030007912

रसीद संख्या / Receipt No.:
जमाकर्ता / Received From: ACCOUNTS-18/50631/202526
ओ.पी.डी./यू.एच.आर.ओ.पी.डी. / OPD No.:
के नामे / ON ACCOUNT OF: MISS ANJALI KUMARI, Age: 1 Yrs 10 Mons 9 Days
108103032 (OPD)

दिनांक / Dated : 13/06/2025
रोगी प्रकार / Patient Type : General
कक्ष संख्या / Room No. :

SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	NMR (M.R.I.) - FOR CHILDREN BELOW 12 YEARS	1	1000.00	0.00	1000.00

Printed on 13 Jun 2025 11:25:40 AM

अ० भा० आयु० संस्थान
A. I. I. M. S.
MRI DONE
No. 65813/PP/25
Date: 13/6/25

भुगतान का प्रकार / Payment Mode :
रुपये / INR (Rs.): GST:0.00
रुपये शब्दों में / Rs. in Words: 1000.00(Including GST)
Rupees One Thousand Only

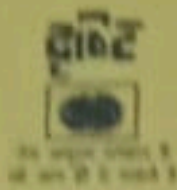
MR. BIJENDER SINGLE WINDOWS

शरीरमाद्यं खलु धर्मसाधनम्

ब. रो. वि. कार्ड
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ. भा. आयु. सं., नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
AIIMS



अनुभाग व दिन Section and Day बुधवार व शुक्रवार Tuesday & Friday	V
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कमरा नंबर
Cabin No.

UNHD: 108103032
 ABHA:
 Dept No: 2020030014718
 अंजलि कुमारी / ANJALI KUMARI
 D/O बुधवार
 1Y 1M 14D / F
 24w 03wL 04DA
 General Rx. 0
 Falls - Up Patient

शंभर / Queue 21
 कमरा / Room: 36A
 Unit-V
 NPC OPD
 Dr. WRLR - R 36A
 TUE, FRI
 10:00 AM
 Registration Time:
 18/07/2025 10:12:28 AM

18 JUL 2025

उपचार Treatment

75% reduction
in protein

(P) Biopsy from yellow
 tumor
 Pa 4th class grade 2 new
 imaging shows
 (02) R/E
 P & B
 Compake from previous
 (photo in picture too
 in parent's
 phone).
 (Dr. Anurish)

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.

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

check report

Inj. Emeset 4mg iv push. } D₁ → D₅
Inj. Dexa 2mg iv push. }
C. Aprecap 80mg 1/2 tab D₁ → D₃.



15/9/25 to 19/9/25
D₁ to D₅

ivf DNS + (1:100) KCl + (0.2:100) MgSO₄ @ 50ml/hr x 8hrs.
oh after hydration start

Inj. CISPLATIN 5mg / 100ML NS iv over 6h

Inj. MANNITOL 10ml iv over 6h

Inj. ETOPOSIDE 25mg / 100ML NS iv over 1h



D₁ only Inj. BLEOMYCIN 4mg iv push.



Syp. Emeset 5ml TDS

Inj. G-CSF 50mcg s.c OD for 5 days

f/u @ 1/10/25 @ CBC/RFT/LFT/AFP.

Amjano SA

CLB

विकिरण नैदानिक विभाग
अ०भा०आ०सं०, नई दिल्ली-110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

Pl consult
early date
12/7/15
12/7/14

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Anjali Age / Sex: Ref. Deptt. / Unit:

Indoor (Bed No.) / Outdoor/ Casualty OPD No. / UHID No.:

1081030323

Date: 12/7/15
LMP:

Examination Required :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

No Extra-gonadal

(R) orbital metastasis

CECT chest

Clinical / Working Diagnosis :



for film met's status

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

planned for 5x results

Signature of Referring Physician / Date :

Pl book early IMA

Consent :

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

Signature of Patient / Date :

Anjali

29/7/25

Thanks

Marek

US / CT Number :

CT 84e OPD

No. of Films used :

Signature of Radiographer / Date :

RAK Block



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



अस्पताल में अन्दर धूम्रपान करना नहीं / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग / UHID: 108103032

कमरा / Room C-210

OPR-6

Queue / संख्या F86
Unit-III, Paediatric

Dept No: 20250030007912

रोगी पंजीकृत सं/O.P.D. Regn. No.

अंजलि कुमारी / ANJALI KUMARI

Dr. Jugal vadev
1Y 11M 12D / F (महिला)
Bihar BHAR INDIA

डॉ. जगु, Med. Sci



Reporting: 10:21:45
11/07/2025

Ph: 7870481394 General Rs: 0
Follow Up Patient

निदान/Diagnosis

दिनांक/Date

86

उपचार/Treatment

बाल चिकित्सा विभाग / UHID: 108103032

कमरा / Room C-210

Queue / संख्या F88
Unit-III, Paediatric

Dept No: 20250030007912

अंजलि कुमारी / ANJALI KUMARI

Dr. Jugal vadev
1Y 11M 15D / F (महिला)
Bihar, BIHAR, INDIA

डॉ. जगु, Med. Sci



Reporting: 09:40:11
18/07/2025

Ph: 7870481394 General Rs: 0
Follow Up Patient

93

N/v 21/7/25
N/v 21/7/25 = CAP/UK/US

Dr. Jugal vadev
Senior Registrar
Paediatric Oncology
Dept. of Paediatrics
All India Institute of Medical Sciences
New Delhi-110029

शरीरमाद्यं खलु धर्मसाधनम्



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



21/7/25

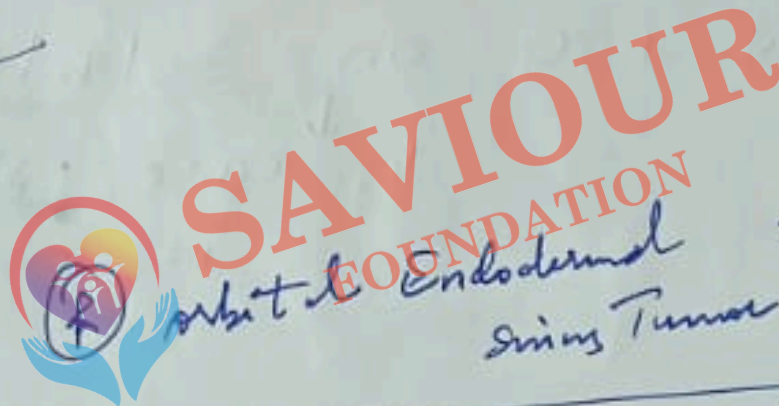
To,

The Consultants

Kindly assist for

Dr. Chikhatin - 1 vial
[50mg/vial]

Nikita



16/7/25

(post 3rd cycle) (1/7/25 till 6/7/25)

↓
post 3 cycles
↓
opt'd review: s/o significant reduction in mass.

Dr
D/W Rachna Ma'am

- ① Expedite CE-MRI orbit + CNS
CECT chest for pulm met status
- ② To review post-imaging (↓ Dr. Bhawna)

Day 3
Inj. Ondansetron
Inj. Dexamethasone

Cycle 3 : PEB

Name Anjali Age Sex

Weight Height BSA

(2)

CBC:

RFT:

Day 1

Inj. Ondansetron mg iv q 8 hrly

Inj. Dexamethasone mg iv q 8 hrly

Inj. Pantoprazolemg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL/ L).....50.....mL over 2 hours

Followed by

- Inj. Cisplatin 5 mg dissolved in IVF N/2 5D with K Cl (1: 100) and MgSO₄ (2mL/ L).....mL over 6 hours

gun 2/2/25

Along with

Inj. Mannitol (20%).....mL over 6 hours

- IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL/ L).....mL over 2 hours
- Inj. Etoposide 22 mg in 100 mL NS over 2 hours
- Inj. Bleomycin 3.75 IU slow IV

given 2/2/25

Day 2

Inj. Ondansetron 1.5 mg iv q 8 hrly

Inj. Dexamethasone 1mg mg iv q 8 hrly

Inj. Pantoprazole 8mgmg iv q 24 hrly

- IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL/ L).....mL over 2 hours

Followed by

- Inj. Cisplatin 5 mg dissolved in IVF N/2 5D with K Cl (1: 100) and MgSO₄ (2mL/ L).....mL over 6 hours

for JR 3/7/25

Along with

Inj. Mannitol (20%).....15ml.....mL over 6 hours

- IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL/ L).....mL over 2 hours
- Inj. Etoposide 22 mg in 100 mL NS over 2 hours

Day 5

Inj. Ondansetron 1.5 mg mg iv q 8 hrly
 Inj. Dexamethasone 1 mg mg iv q 8 hrly
 Inj. Pantoprazole 8 mg mg iv q 24 hrly

6/7/25
 Y. J. (J)

- IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL/ L).....mL over 2 hours

Followed by

- Inj. Cisplatin 5 mg dissolved in
 IVF N/2 5D with K Cl (1: 100) and MgSO₄ (2mL/ L).....mL over 6 hours

Along with

Inj. Mannitol (20%)..... 15 mLmL over 6 hours

- IVF N/2 5D with K Cl (1:100) and MgSO₄ (2mL/ L).....mL over 2 hours
- Inj. Etoposide 22 mg mg in 100 mL mL NS over 2 hours

Dose of drugs > 1 year/ < 10 kg

< 1 year or < 10 kg

- Cisplatin: 20 mg/m²/ day 0.7 mg/kg/day
- Etoposide: 100 mg/m²/ day 3 mg/kg/day
- Bleomycin: 15 mg/m²/ day 0.5 IU/kg/day

Administration:

- Cisplatin: Prehydration for 2 hours @ 200 mL/m²/ hr for 2 hours
 Cisplatin dissolved in IVF @ 125 ml/m²/ hr over 6 hours
 Post hydration for 2 hours @ 125 mL/m²/ hr for 2 hours
- Etoposide: Dissolved in NS, final concentration should be less than 40 mg/ mL
- Bleomycin: Dissolved in 100 mL NS over 20 minutes

- Take date for imaging for reassessment after 4th cycle
- Paediatric surgery consultation