

The Chariman,
Smt. Krishana Breast Cancer Care
Charitable Trust
Tagore Nagar
Ludhiana



Sir,

With due respect I beg to state that I have been advised admission by Dr. J.S. Sekhon
DMC & H, Department of oncology

I am poor person and not in a position to pay normal charges. I therefore, request you to kindly provide me financial help because I am unable to pay the hospital bill & medicine bills.

My particulars for your consideration: -

Name of Patient Kanchan Kaur Adm No. 20238
Age & Sex 44yr Occupation.....
Gross Monthly Income 2500/- Place of work.....
Address B-34/637, Chandu Nagar, Back side Three Kothi, del.

Yours faithfully,

Subhash Verman
Signature of Pt. /Attendant

Remarks of the Consultant :-

Privisional Diagnosis

If Surgery required Ex.Major, Major, Medium, Minor

If Chemotherapy required stay 1 day x 6 times Medicine...

approx cost 20,000/-

approx cost 120,000/-
in 6 sittings approx.

J.S. Sekhon
DR. J.S. SEKHON
ONCOLOGIST

S. Brar
DR. S. BRAR
ONCOLOGY SURGEON

Submitted for approval
Referred to Sr. Sanjeev Arora ji

[Signature]

[Signature]
3/8/08

को के

श्रीडीको सुपरस्पेशल सेंट्रल,
दधानन्द श्रीडीकोल हस्पताल
दुधियाना

श्री मान जी,

सविनय निवेदन है कि मेरी पत्नी
संचन वर्मा को कैंसर की बीमारी है उस
का इलाज आपके हस्पताल में डॉ. शैखी कर
रहे हैं। कैंसर का इलाज बहुत महंगा है
जिसका खर्च मैं नहीं कर सकता है।
वारी आदमी है क्या करके मेरी मदद की
जाए

आपकी को मैं बहुत धन्यवादी हूँगा

Forwarded.

Pt. will require
Chemotherapy
3 cycles.

↓
Surgery

↓
Chemotherapy x 3 cycles

Approx Cost
Rs 40,000/-

Dr. S. Seldhan

समाप्त वर्मा

B-34/637 चन्दर नगर

B/S जीत बाँड़ी
दुधियाना

9855567238

Dr. S. Seldhan

55394



PREMIER
R.D. 52
Sole Agent MUMBAI

55394

ਰਚਣਾ ਕਰਮ ਵਿਭਾਗ ਵਿਸ਼ੇਸ਼ ਨੰਬਰ

ਅਤੇ ਮਿਤੀ

ਰਾਸ਼ਟਰੀ ਮਿਤੀ	ਰਾਸ਼ਟਰੀ ਫੋਟੋ ਦੀ ਮਿਤੀ	ਰਾਸ਼ਟਰੀ ਫੋਟੋ ਦੀ ਮਿਤੀ	ਰਾਸ਼ਟਰੀ ਫੋਟੋ ਦੀ ਮਿਤੀ

Subash... Chand. P. Co
to Kaur...

S.D.P. Collage Road Shivapuri

13:2 1937

66

66

ਅਧਿਕਾਰੀ ਨੰ:

ਜਾਰੀ ਕਰਨ ਵਾਲਾ ਨਾਮ
(ਜੇਕਰ ਅੰਤਰਰਾਸ਼ਟਰੀ ਵਿਚ)
ਅਧਿਕਾਰੀ
ਅਧਿਕਾਰੀ
ਮਿਤੀ ਸਹਿਠੇ
(ਰਚਣਾ ਦੀ ਮਿਤੀ)

P.S.E.B. JHARATI JARATI BIL CUM RECEIPT

CUT YOUR ENERGY CONSUMPTION BY TEN PERCENT

ACCOUNT NO.	NAME OF CONSUMER	ADDRESS OF CONSUMER	NAME OF VILLAGE/CITY	SUB DIVISION NAME	ISSUE DATE	TARIFF
9074/2	DF31/1960 NINA VERMA	637 CHANDER VIN	CHANDER NAGAR	HAIBOWAL U-11	11/07/06	DS

BOI CONCL UNITS	CONN. CHAD	READING DATE	METER READ.	MTR. MULTIPLIER	CONSUM. PTION	CURRENT CYCLE CHARGES	METER SERVICE RENTALS	METER NO	STATS. PERIOD
70	10	15/07/06	4345	1	324	898	90	13	32

NO. MONTHS	SUNDRY CHARGES AND ALLOWANCES	AVG. ADJUSTMENT	AMOUNT ADJUSTED AGAINST BILL	AMOUNT AVAILABLE BY DUE DATE	SURCHARGE	AMOUNT PAYABLE AFTER DUE DATE	DUE DATE BY CASH	DUE DATE BY CHEQUE	PERIOD OF BILL
3	0.96	16/06/06	16/04/06	4345	4021	1.00	324	898	90

NO. MONTHS	AMOUNT ADJUSTED AGAINST BILL	AMOUNT AVAILABLE BY DUE DATE	SURCHARGE	AMOUNT PAYABLE AFTER DUE DATE	DUE DATE BY CASH	DUE DATE BY CHEQUE	PERIOD OF BILL
2	-1	927	90	13	1030	93	1123

FORM NO. 30

J. S. Sekhon

M.D., D.M. (Med. Oncology)
(Regn. No. : EP-25276)

Associate Prof. & Head
Division of Medical Oncology
DAYANAND MEDICAL COLLEGE & HOSPITAL
LUDHIANA.

RESIDENCE :
B-XIX / 160E-1, Col. Gurdial Singh Road,
Civil Lines, The Mall, Ludhiana - 141 001
Phone : 0161-2412994, 2403119
E-mail : jagdevsekhon@hotmail.com

Dated : 27/07/06

Mrs. Kanchan Dharma
44 yr F
o Ca Breast - RT

1x15
3x35
5x54

Adv

CXR. PA view
u/s ABD - whole
LFT.

I

To come to Oncology OPD
on Monday.

I

CONSULTATION BY APPOINTMENT ONLY

TIMINGS :

Afternoon : 3.00 p.m. to 7.00 p.m.
Saturday : 2.30 p.m. to 5.00 p.m.
Sunday : CLOSED

ਮਿਲਣ ਦਾ ਸਮਾਂ :

ਦੁਪਹਿਰ : 3.00 ਵਜੇ ਤੋਂ 7.00 ਵਜੇ ਤੱਕ
ਸ਼ਨੀਵਾਰ : 2.30 ਵਜੇ ਤੋਂ 5.00 ਵਜੇ ਤੱਕ
ਐਤਵਾਰ : ਐਤਵਾਰ ਨੂੰ ਕਲੀਨਿਕ ਬੰਦ ਰਹੇਗਾ

**DAYANAND MEDICAL COLLEGE
& HOSPITAL, LUDHIANA.**

Name Kanchan Verma Age & Sex

Dr. Incharge DR J S Sekhon C.R. No.

CHEMOTHERAPY ORDER SHEET

Ward ONCO

DOA.

Diagnosis

Ht. 6'' Wt. 45 kg BSA 1.44

Cycle No. _____ Chemotherapy Day : _____

Pre Medication inj Grandem 3mg iv in 100ml NS

inj Dexora 2mg iv in 100ml NS.

Pre CT Hydration : _____

Chemotherapy : Drugs, Dose & Fluid in which to be mixed if any. Duration of injection.

Drugs :

1. inj Endoxan 900mg iv in 100ml NS over 1 hour

2. inj Adriam 70mg iv in 100ml NS

3. inj 5-FU 900mg. iv in 100ml NS over 1 hour

4. _____

Post CT Hydration : _____

Other Drugs : _____

[Signature]
A/S

Dr. AMARINDER SEKHON
M.D. (Path.)

Ex. Asstt. Prof. Cytopathology :
Kidwai Memorial Institute of Oncology, Bangalore.
Dayanand Medical College & Hospital, Ludhiana.

Ex. Fellow :
TATA Memorial Cancer Hospital, Mumbai.
National Institute of Mental Health & Neurosciences,
Bangalore.
PMC No.: 25869



G. J. DIAGNOSTIC LAB.

B-XIX - 160-E/1, Col. Gurdial Singh Road, Civil Lines,
Ludhiana - 141 001. Ph. : 0161-2412994, 2403119

225-L, Model Town, Ludhiana. Ph.: 0161-3244302

S.C.F.-4, Udhm Singh Nagar Market, Nr. Lions Bhowan,
Ludhiana Ph. : 0161-3244303, 2305040, 2304050

Gurdev Hospital, Ferozepur Road, Ludhiana- 141 004
Ph. : 0161-3244307, 2552925, 2552034

Suman Hospital, 537, Model Town, Ludhiana- 141 007
Ph.: 0161- 3264304, 2432133, 2409133

Patient No: CL-57

Dated : July 28, 2006

Name : Kanchan Verma

Age & Sex : 44Yrs/F

Clinical Diagnosis :

Ref. Dr. :

Sample Processed On HITACHI 902 Fully Automated Bio-Chemistry Analyzer

Clinical Bio-Chemistry Report

Test (Serum)	Results	Units	Ref. Range
Bilirubin (T)	: 0.4	mg/dl	upto 1.1gm/dl
Bilirubin (D)	: 0.1	mg/dl	upto 0.3gm/dl
SGOT	: 28.3	IU/L	upto 46 IU/L (37C)
SGPT	: 34.2	IU/L	upto 46 IU/L (37C)
Alkaline Phosphatase	: 112.9 ✓	IU/L	Children <300 IU/L Adults 40-129 IU/L
Protein (Total)	: 7.5	gm/dl	6.6 - 8.7gm/dl
Albumin	: 4.6	gm/dl	3.4 - 4.8gm/dl

Bilirubin is a breakdown product of haemoglobin. Free unconjugated Bilirubin is extremely apolar & nearly insoluble in water, thus performing a complex with albumin for the transport in the blood from the spleen to the liver. In the liver, Bilirubin is conjugated with glucuronic acid and the resulting water soluble Bilirubin glucuronic acid is excreted via the bile ducts.

Hyperbilirubinemia can be caused by increased Bilirubin production due to haemolysis (pre hepatic jaundice), by parenchymal damages of the liver (intra hepatic jaundice) or by occlusion of bile ducts (post hepatic jaundice). A chronic congenital (predominantly unconjugated) hyperbilirubinemia called Gilbert's syndrome is quite frequent in population.

High levels of total Bilirubin are observed in 60-70% of neonates due to an increased postpartal breakdown of erythrocytes and because of delayed function of enzymes for Bilirubin degradation. Common Bilirubin methods detect either total Bilirubin or direct Bilirubin. Determinations of direct Bilirubin measure mainly conjugated, water soluble Bilirubin. Unconjugated Bilirubin can therefore be estimated as the difference between total Bilirubin and direct Bilirubin.

Alanine Aminotransferase (ALAT/ALT, formerly called Glutamic Pyruvic Transaminase (GPT) and Aspartate Aminotransferase (ASAT/AST), formerly called Glutamic Oxalacetic

Transaminase (GOT) are the most important representatives of a group of enzymes, the aminotransferases or transaminases, which catalyze the conversion of α keto acids in to amino acids by transfer of amino groups.

As a liver specific enzyme ALAT is only significantly elevated in hepatobiliary diseases. Increased ASAT levels however can occur in connection with damages of heart or skeletal muscle as well as of liver parenchyma.

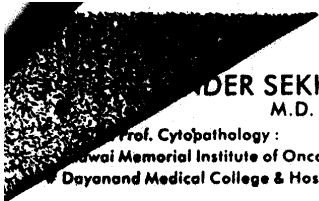
Parallel measurement of ALAT & ASAT is therefore applied to distinguish liver from heart or skeletal muscle damages. The ASAT / ALT ratio is used for differential diagnosis in liver diseases. While ratios < 1 indicate mild liver damage, ratios > 1 are associated with severe, often chronic liver diseases.

PATHOLOGIST

LAB EQUIPPED WITH :

Elecsys 2010 Fully Automated Electrochemiluminescence # Hitachi 902 Fully Automated Biochemistry Analyser
MS-9 Fully Automated Hematology Analyser # Vidas Fully Automated Enzyme Immunoassay System
AVL Fully Automated Electrolyte Analyser # SQ-II C - P Sperm Quality Analyser # Bio Rad Elisa Reader
Bio Rad Hb A,C Analyser # RA-50 Biochemistry Analyser # ESR 2010 Fully Automated ESR Analyser

TIMINGS : - 8.00 A.M. to 8.00 P.M. SUNDAY 8.30 A.M. to 2.00 P.M.



DER SEKHON
M.D. (Path.)

Prof. Cytopathology :
Jawahar Memorial Institute of Oncology, Bangalore.
Dayanand Medical College & Hospital, Ludhiana.

Ex. Fellow :
TATA Memorial Cancer Hospital, Mumbai.
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Ph.: 0161- 3264304, 2432133, 2409133

Alkaline Phosphatase

Alkaline Phosphatase (ALP), hydrolytic enzyme acting optimally at alkaline pH, exists in blood in numerous distinct forms which originate mainly from bone and liver, but also from other tissues as kidney, placenta, intestine, testis, thymus, lung and tumours. Physiological increases are largely associated with hepatobiliary and bone diseases. In hepatobiliary diseases they indicate obstruction of the bile ducts as in cholestasis caused by gall stones, tumours or inflammation. Elevated activities are also observed in infectious hepatitis. In bone diseases, elevated ALP activities originate from increased osteoblastic activity as in Paget's disease, osteomalacia (rickets), bone metastasis and hyperthyroidism.

Total Protein

Measurement of total protein is a useful test in a variety of disorders. Decreased total protein concentrations can be detected in defective protein synthesis in the liver, protein loss due to impaired kidney function, intestinal malabsorption or nutritional deficiency. Elevated protein levels occur in chronic inflammatory disorders, liver cirrhosis and dehydration.

Albumin:

Albumin is an important binding and transport protein for various substances in plasma and the main contributor to the plasma osmotic pressure. Measurement of albumin in serum is used for diagnosis and monitoring of liver diseases, e.g. liver cirrhosis. Furthermore, albumin levels indicate the health and nutritional status of an individual and is therefore used for detecting malnutrition and for prognosis in elderly hospitalized patients.

PATHOLOGIST

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Bio Rad Hb A,C Analyser # RA-50 Biochemistry Analyser # ESR 2010 Fully Automated ESR Analyser

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