



INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No:011-46300000 Ext 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in Website <http://www.ilbs.in>



Name : Mr RAVI KUMAR
Age / Gender : 49 Year(s)/Male UHID : ILBS.0000336336
IP No : EILB.0074122 Patient's Phone : 9891434259
Referred By : Amitezha Manda Requisition No. : 3824911
Ward Name : OP Bed : E162-5
Date of Collection : 10-Jan-2024 09:13 PM Reporting Date : 11-Jan-2024 01:06 AM
Accession No. : 24017172
Modified Date : 11-Jan-2024 01:06 AM User : LOVE

BIO - CHEMISTRY

Liver Function Test / Profile**

Test	Result	Unit	Biological Reference Range
Sample Type : Serum			RR
Bilirubin Total{DPD}	11.74 *H	mg/dl	0.1 - 1.2
Bilirubin Direct{DPD}	6.77 *H	mg/dl	0 - 0.2
Bilirubin Indirect (Calculated)	4.97 *H	mg/dl	0.2 - 0.8
AST/SGOT {IFCC-Without P-5P}	183.5 *H	IU/L	5 - 40
ALT /SGPT (IFCC-Without P-5P)	88 *H	IU/L	< 30
Alkaline Phosphatase{IFCC Amp Buffer}	179.2 *H	IU/L	50 - 116
GGT {IFCC}	75.3 *H	IU/L	< 55
Total Protein{Biuret}	5.97 *L	g/dL	6.4 - 8.3
Albumin {BCP Bromocresol Green}	2.38 *L	g/dL	3.5 - 5.2
Globulin (Calculated)	3.59	gm/dl	
A\G Ratio (Calculated)	0.66 *L		1.5 - 2.5

Remarks :

Please correlate clinically.

Dr SHERIN SARAH THOMAS
(CONSULTANT)

End of report



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Age / Gender	: 49 Year(s)/Male	Patient's Phone	: 9891434259
IP No	: EILB.0074122	Requisition No.	: 3824911
Referred By	: Amitezha Manda	Bed	: E162-5
Ward Name	: OP	Reporting Date	: 11-Jan-2024 01:06 AM
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BIO - CHEMISTRY

Magnesium-serum**

Test	Result	Unit	Biological Reference Range
Sample Type : Serum			RR
Magnesium (Xyldyl Blue-Colourimetric-Tri s-B	2	mg/dl	1.7 - 2.4

Remarks :

Please correlate clinically.

Dr SHERIN SARAH THOMAS
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Name : Mr RAVI KUMAR
Age / Gender : 49 Year(s)/Male UHID : ILBS.0000336336
IP No : EILB.0074122 Patient's Phone : 9891434259
Referred By : Amitezha Manda Requisition No. : 3825193
Ward Name : OP Bed : E162-5
Date of Collection : 11-Jan-2024 02:40 AM Reporting Date : 11-Jan-2024 11:01 AM
Accession No. : 24017847
Modified Date : 11-Jan-2024 11:01 AM User : DIPTESHAHA

BIO - CHEMISTRY

Kidney Function Test (KFT)**

Test	Result	Unit	Biological Reference Range
Sample Type : Serum			RR
BUN (Enzymatic)	52.2	mg/dl	
Urea (GLDH Kinetic)	111.8 *H	mg/dl	13 - 43
Creatinine (Modified Jaffe Kinetic)	7.58 *H	mg/dl	0.2 - 1
Uric Acid(Uricase PAP)	12.7 *H	mg/dl	3.5 - 7.2
Sodium (Na)-Indirect	133.9 *L	mmol/L	136 - 145
Potassium (K)-Indirect	3.93	mmol/L	3.5 - 5.1
Chloride-Indirect	104.2	mmol/L	98 - 107
Bicarbonate(Enzymatic PEP-MD)	22.3	mmol/L	21 - 31
eGFR	8	ml/min/1.73 m ²	

Remarks :

please correlate clinically....

Dr SHERIN SARAH THOMAS
(CONSULTANT)

End of report



LONG BREATH FOUNDATION

Regn. No. SE/1830

B-29, Gali No.17, Molarband Extn. Badarpur, New Delhi-110044
Contact: 120-4113001, 8130073760, Email: longbreathfoundation@gmail.com

Ref.

विषय - अर्थिक सहायता हेतु प्रार्थना पत्र:-

Date: 30.01.2024

सेवा में श्रीमान अरवध लाल शीख काउन्सिलर, मेरा नाम राजे कुमार है। मेरी उम्र लगभग 48 वर्ष है, मैं पिछले कुछ महीने से निचर किराये के बिमारी से पीड़ित हूँ, और पुण्यायी सिंघिया इस्तिफाल एवं रिडमि हॉस्पीटल में मेरा इलाज चल रहा है, जहाँ पर डॉक्टर ने मेरे इलाज का कुल खर्चा लगभग 2,00,000 रुपये बताया है। मेरे पास मेरा इलाज करने के लिये कोई भी धन नहीं है। मेरे इलाज में लगे से मेरे दोनो बच्चों की पढ़ाई-लिखाई बन्द हो गया है मेरे परिवार में मेरे कुलुम गार-पिना, पत्नी और दो बच्चों है जो रात-दिन कौशिल में ही रह रहे हैं, उन पर पुराने कर कर्ज भी मेरा इलाज कर रहा है। मेरे पास मैं आपसे और आपकी फील के दानदारों से प्रार्थना करता हूँ कि मेरी मदद करें और मेरे बच्चों की पढ़ाई-लिखाई में भी मेरी मदद करें। आप लोग ही हमारी अर्थिक उभार है। इतर आप लोगो को हार्दिक कृत्य और धन्य रों प्रार्थना आभार:-





भारत सरकार

Government of India



Ravi Kumar

DOB: 15/05/1974

Male

4006 1313 3780

मेरा आधार, मेरी पहचान

19/08/2013

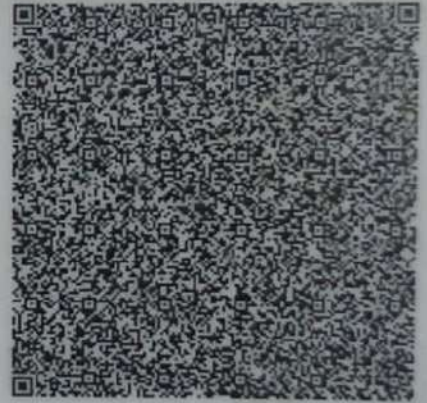


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



AADHAAR



Address: S/O: Sohan Lal Gupta, 342, DDA
JANTA FALET, TIGRI, South Delhi, Delhi,
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PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE (A Multispeciality Hospital)

(formerly known as PUSHPAWATI SINGHANIA RESEARCH INSTITUTE FOR LIVER, RENAL & DIGESTIVE DISEASES)
Press Enclave Marg, Sheikh Sarai -II, New Delhi-110017, Phone: 011-30611700, 30611900
Fax: 91-11-29250548, Email: info@psri.net, Web: www.psrihospital.com
CIN NO :U74899DL1995NPL070915, PAN:AAACP5779Q, GSTIN:07AAACP5779Q12K



Patient Name: RAVI KUMAR	Date :12.12.2023
PSRI NO : AGE : 49YEARS/MALE	Bed Category :Single
Admitting Team :DR MANOJ GUPTA	Payer : PSRI Tariff 2023-2024

ESTIMATE FOR LIVER TRANSPLANT

CODE NO	DESCRIPTION	CHARGES
LIVTP00004	LIVER TRANSPLANT PACKAGE (ADULT) NORMAL)	2100000
	TOTAL	2100000/-

PACKAGE INCLUDES:

- ROOM RENT RECIPIENT 21 DAYS & DONOR 8 DAYS
- RECIPIENT & DONOR OT MEDICINE & CONSUMABLE UPTO RS 700000/-
- O.T CHARGES & O.T GAS CHARGES
- PROFESSIONAL FEES OF THE SURGEON, ALL CONSULTATION, AND PHYSICIAN FEES FOR THE DURATION IS PART OF THE PACKAGE.
- ALL INVESTIGATION IS PART OF PACKAGE
- BLOOD COMPONENT IS INCLUDE IN PACKAGE UPTO TO BELOW LIMIT OF RS 100000/-.
- DIET & PHYSIOTHERAPY , ALPHA BED , DVT PUMP , INFUSION PUMP,CVP LINE , ARTERIAL LINE CRITICAL CARE IS PART OF PACKAGE
- RE-EXPLORATION DURING THE PERIOD OF PACKAGE

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BILL ESTIMATION FOR LIVER TRANSPLANTATION

The package for a donor and recipient surgery as part of a liver transplantation procedure has been estimated at approximately INR.14,50,000/- (Fourteen lakhs fifty thousand rupees).

This package is inclusive of Room Rent (30 days for the recipient and 15 days for the Donor starting 1 day prior to the surgery), surgical charges, medical and surgical consumables, Theatre charges, anaesthesia charges, procedure charges, pharmacy, investigations, donor consultation charges. However, this does not include charges for Immunosuppressant drugs such as Baciliximab / Daclizumab), HBIG vaccination, Peg Interferon, Blood and Blood Products, Liver Dialysis and Pre-transplant evaluation of the donor and recipient. Any stay over the specified number of days for either donor or recipient is liable to be charged on a per day rate as per room category.

The cost exclusive of this package will also involve pre-transplant evaluation charges for the recipient and the potential donor, which is estimated at approximately INR.2,50,000/- (Two Lakh Fifty Thousand Rupees).

In addition to the above, a further provision of approximately INR.3,60,000/- (Three lakh sixty thousand)@ 30,000 per month) will be required as the first year post Transplant cost towards lifelong medications and investigations for the recipient.

Please Note: This estimate assumes an elective procedure only. For emergency cases or in cases admitted for ICU/HDU optimization, charges are additional applicable at actual.

This shall not be a part of the transplant package.

PACKAGE EXCLUDES:

- ROOM CHARGES AND ALL INVESTIGATIONS FOR STAY BEYOND THE DURATION OF THE PACKAGE.
- MEDICINES & INJECTIONS LIKE AMBISOME, CASPOFUNGIN, IVIG AND HBSIG IMMUNOGLOBULIN (HEPABRIC).
- DSA LAB PROCEDURES IF ANY.
- ANY OTHER ADDITIONAL PROCEDURE WITH LIVER TRANSPLANT WILL BE CHARGED EXTRA AS PER APPLICABLE TARIFF OVER & ABOVE THE PACKAGE

Note: For Pre-Operative optimization 8-10 lacs is required.

100% OF ESTIMATE TO BE DEPOSITED AT THE TIME OF ADMISSION FOR OT CLEARANCE.

CONSULTANT SIGNATURE

PATIENT / ATTANDANT SIGNATURE:

FINANCIAL COUNSELLOR SIGNATURE :

Dr. A.C.
12/10/2023

