Book No
Manipur State Form No.V

Page No.....

FIRST INFORMATION

FIRST INFORMATION OF A COGNIZABLE CRIME REPORT UNDER SECTION 154 CRIMINAL PROCEDURE CODE AT POLICE STATION: CHURACHANDPUR.

Sub-Division: Churachandpur
FIR No.2958(12)2023 CCP-PS u/s 307/326/34 IPC, 25(1-C) Arms Act

District: Churachandpur
Date & hour of Occurrence
03/05/2023 at around 07:00 PM

Date and Hour when reported	Place of Occurrence, Distance & Direction from Police Station	Date of dispatch from Police Station
10/12/2023 at 02:00 PM	At Thengra Leirak, Churachandpur. About 1.5 Kms South West	10/12/2023

NB: A First Information must be authenticated by the signature, mark of thumb impression informant an attested by the signature of the officer recording it.

Name & residence of informant/ complainant	Name & residence of accused person(s)	Brief description of offence with sections and of property carried off, if any	Steps taken regarding investigation, explanation of delay in recording information	Result of the case
Ngamsat Gangte (58) yrs s/o Henkhosei Gangte of K Siroy Village, Churachandpur. A/P: K. Phaicham, Chiengkonpang, Churachandpur #9612402941 O.E. Overleaf OC/CCP-PS Officer-In-Incharge Churachandpur Police Statio Manipur	Unknown Meitei miscreants	Attempt to murder, voluntarily causing grievous hurt by dangerous weapons or means with common intention, unauthorised possession of fire arms SP/CCP COPY / Punishable u/s 307/326/34 IPC, 25(1-C) Arms Act	SI S Lialian of CCP-PS will please investigate the case	

Signed : (N THANGZAMUAN), Inspt,
Designation : OC/CCP-PS
Date : 10/12/2023

Officer-In-Incharge
Churachandpur Police Statio
Manipur

To,

The Officer In Charge,
Churachandpur Police Station.

Subject: Report.

Sir,

I would like to report that on 03/05/2023 ethnic clashes between the Meiteis and the Kukis broke out. Due to the tense situations in and around our locality, we were running here and there taking shelters. Gunshots, burning of houses were seen and heard everywhere. For fear of the safety of my family members, I immediately rushed back toward my home located at K Phaicham Village, CCPur passing through Thengra Leirak, CCPur on foot. On reaching Thengra Leirak, CCPur I was hit by stray bullets/ pellets fired by unknown miscreants highly suspected to be Meitei Miscreants at around 7:00 PM. I collapse at the spot and was evacuated to District Hospital, CCPur for medical treatment. It was found that I was hit by eight bullets/ pellets highly suspected to be fired by the Unknown Meitei miscreants and the bullets/ pellets stuck to my body parts- one at my left thigh, three at my left waist, one at my left hand, one at my abdomen, one at my right waist, one at my right chest. Emergency opearation were conducted and was admitted to hospital for a long period of time and also still undergoing constant medical checkup at hospital and complete rest at home, thus resulting in the late report to Police Station.

It may also be mentioned that my eldest son namely, Seitinthang (15) was also hit by stray bullets/ pellets at his left eye thus completely damaging his eye on the same day at around 7:00 PM from Thengra Leirak, CCPur. He was also evacuated to District Hospital, CCPur for medical treatment but due to the grievous injury he was referred to Guwahati and undergoing medical treatment in which one major operation have been conducted. Second major operation to be conducted on January, 2024 as advised by the Medical Officer examining him. He is under constant medical treatment at home right now.

In this regard I would like to request you to kindly take up necessary legal action against the unknown Meitei miscreants at the earliest.

— SP/CCP COPY —

Dated: Churachandpur
10/12/2023.

Yours faithfully,

Ngamsat

(NGAMSAT GANGTE) (58)
s/o Henkhosei Gangte of
K Siroy Village, CCPur
A/P: K Phaicham, Chiengkonpang,
Churachandpur.
9612402941

Treated as OE of FIR NO. 2958(12)2023
CCP-PS u/s 307/326/34 IPC, 25(1C)
Arms Act

10/12/23

OC/CCP-PS.
Officer-In-Incharge
Churachandpur Police Statio
Manipur

AN ISO 9001-2008 CERTIFIED HOSPITAL

No. F/MNP/DH/CCP/HAM-01/01

OUT PATIENT DEPARTMENT

DISTRICT HOSPITAL, CHURACHANDPUR

OPD TICKET

Date : 02/5/23 Ticket/Regd No. : 181049

Name : Ngaunsat Age 59 year month day

Son/Wife/Daughter of A Male ✓ Female

Address Chicagcon

Department : CRTHC Doctor's Name : Room No.

PATIENT'S VITALS

+ Height cms

+ Weight kg

+ BP / mmHg

+ Pulse Rate /min

+ Respiratory Rate /min

+ Temperature °F

+ SPO2

FUC of FB removal (bullet) on 10/5/23.

Remove Suture

I/d

2° Skin Clone done

This ticket is valid for 15 days only.

Date 24/5/23

— Secondary skin closure under LA

— Dressing on Friday at ortho OPD

1) T. Zenflo 500 mg twice a day A/F — 5 days

2) T. Metron 400 mg thrice a day A/F — 5 days

3) Tab Zolex 40 Before breakfast — 10 days

3) Tab Vit C twice a day A/F — 10 days

4) T. Solic. SP twice a day A/F — 4/5 days

Regd. No. ADCC/F1(56)/328/(13-D)/2021- 08

M.C. DIAGNOSTIC CENTRE

Henkho Road, Near Eden Clinic, Opp.Dist.Hospital Main Gate.
Churachandpur, Manipur, 795128
Phone : [illegible]

Patient's Name	:	*Ngamsat Gangte*	*Place*	:	*Lamka*
Age/Sex	:	*59/M*	*Sample Recd Dt*	:	*9th May 2023*
Address	:	*Chiengkonpang*	*Sample Regd. no.*	:	*03385*
Referred by	:	*Dr.T. Pausiam, MO*			

Investigation(s) : *Kidney Function Test*

Sample : Serum

Test (s)	*Result (s)*	*Bio - Reference*
Serum Urea	*52.6 mg/dl*	*10 - 50 mg/dl*
Serum Creatinine	*1.2 mg %*	*0.8 - 1.2 mg % (F)* *0.9 - 1.4 mg % (M)*
Sodium (Na +)	*140.0 mmol/L*	*135 - 155 mmol/L*
Pottasium (K +)	*3.9 mmol/L*	*3.5 - 5.1 mmol/L*
Chloride	*100.6 mmol/L*	*98 -109 mmol/L*

For M.C. DIAGNOSTIC

*** End of Report ***

Clients are advised to contact the laboratory if the results are alarming and unexpected for possible remedial action

Facilities available - All laboratory test, ECG & X-ray

CERTIFIED HOSPITAL

CHARGE ERTIFICATE

GOVERNMENT OF MANIPUR

DISTRICT HOSPITAL

Churachandpur

IPD Regn. No.: 26726

Regn. No.: 121049

Name of the Patient: Ngamsat

Age: 59 Sex: Male ☑ Female ☐

Address: Chiengkon

Date of Admission: 8/5/2023 Date of Discharge: 11/05/2023

Department: ORTHO Ward: ORTHO

Bed No.: MOW - 19 Unit:

Diagnosis / Disease: Bullet Injury (multiple)

Foreign body removal below both lower limb.

Treatment given:

1. Tab. Zenatil 500 — 0 — 0 — 1 tab. twice a day after food × 5 d (10)
2. Tab. Pantop ... — 0 — 1 tab. before breakfast × 10 d (10)
3. Tab. Olfenac SP — 0 — 0 — 1 tab. twice a day after food × 5 d (10)
4. Tab. Vit C / Limcee — 0 — 0 — 1 tab twice a day after food × 10 d (20)

Signature of Doctor. ....

Name of Doctor ....

To review at MOT.
Dressing twice a week.

Clinical notes and procedures, Investigations and any recomendation may be written at the back page.

(MOW Ext - 1)

DISTRICT HOSPITAL CHURACHANDPUR INVESTIGATION REPORT

ISO-9001-2008 CERTIFIED HOSPITAL

Patient Name	: NGAMSAT	Patient UID No	:
Age and Gender	: 59/M	Prescription ID	:
Category	:	Registered On	:09/05/23
Referring Doctor	:		

COMPLETE BLOOD COUNT

Test Done	Observed Value	Units	Reference Range
Hemoglobin	11.7	gms%	(F)11.5 – 16.0 (M) 13.0 – 18.0
Photometric **Total WBC Count**	4.7	x 10^3 / µL	4.5 – 11.0
Electrical impedence **TOTAL RBC COUNT**	3.6	x 10^6 / µL	3.5 – 5.5
Electrical impedence **Platelet count**	280	x 10^3 / µL	150 – 450
Electrical impedence **P.C.V**	33	%	35 – 48
Electrical impedence **M.C.V.**	92.0	fl	82 – 95.0
Electrical impedence **M.C.H.**	32	pg	26 – 33
Calculated **M.C.H.C**	35	gm/dl	33 – 37
Calculated **R.D.W.CV**	15.8	%	11.0 – 16.0
Calculated **Neutrophils**	41	%	40 – 70
Cytochemistry & impedence / PS **Lymphocytes**	51	%	20 – 45
Cytochemistry & impedence / PS **Eosinophil**	03	%	0 – 6
Cytochemistry & impedence / PS **Monocytes**	05	%	0 - 8
Cytochemistry & impedence / PS **Basophils**	00	%	0 – 1
Cytochemistry & impedence / PS			

Foot Note : Kindly correlate clinically

MD PATHOLOGIST

Regd. No: ADCC/F1(56)/328/(13-D)/2021-08

M.C. DIAGNOSTIC CENTRE

Henkho Road, Near Eden Clinic, Opp.Dist.Hospital Main Gate.
Churachandpur, Manipur, 795128
Phone :

Patient's Name	:	*Ngamsat Gangte*	*Place*	:	*Lamka*
Age/Sex	:	*59/M*	*Sample Recd Dt*	:	*9th May 2023*
Address	:	*Chiengkonpang*	*Sample Regd. no.*	:	*03385*
Referred by	:	*Dr. T. Pausiam, MO*			

Investigation(s) : *Liver Function Test*

Sample : Serum

Test(s)	*Result(s)*	*Bio - Reference*
Total Bilirubin	*0.7 mg/dl*	*Upto 1.0 mg/dl*
Direct Bilirubin	*0.1 g/dl*	*Upto 0.3 mg/dl*
Total Protien	*6.8 gm/dl*	*6.0 - 8.0 gm/dl*
Serum Albumin	*3.8 gm/dl*	*3.7 - 5.0 gm/dl*
Serum Globulin	*3.0 gm/dl*	*2.3 - 3.6 gm/dl*
A/G Ratio	*1.2:6*	*1.0 - 2.3 : 1*
SGOT/AST	*28.2 U/L*	*Upto 40 U/L*
SGPT/ALT	*26.2 U/L*	*Upto 40 U/L*
Alkaline Phosphatase (ALP)	*74.1 IU/L*	*25 - 147 IU/L*

*** End of Report ***

For M.C. DIAGNOSTI

Annexure C4 : Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)

MOU ext.

NATIONAL AIDS CONTROL ORGANIZATION

Laboratory Test Report form for HCTS Confirmatory facility

Name & Address of the SA-ICTC : ICTC (VCTC) DH Cpur

Name: Surname _____ Middle Name _____ First Name Ngansat

Gender : ☑ Male ☐ Female ☐ Transgender Age : 59 (years)

PID No. : CCSAICTCMNCP00223 01415 Lab ID No. : 05248

Date & Time of Blood Drawn : 9/5/23 (DD/MM/YY) _____ (HH:MM)

Test Details :

- Specimen type used for testing (tick one) : Serum / Plasma / Whole Blood
- Date & Time of specimen tested : 09.05.23 (DD/MM/YY) 10:37 (HH:MM)

Note :

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA wherever not applicable

Column 1	Column 2	Column 3	Column 4
Name of the HIV Kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I : Colloids	NA	NA	NA
Test II : Bioline	NA	NA	NA
Test III : Uni Gold	NA	NA	NA

Interpretation of the result : Tick (✓) relevent

☑ Specimen is negative for HIV antibodies

☐ Specimen is positive for HIV-1 antibodies

☐ *Specimen is positive for HIV antibodies (HIV-1 and HIV-2; or HIV-2 alone)

☐ Specimen is indeterminate for HIV antibodies. Collect fresh sample in 2 weeks

** Confirmation of HIV 2 zero-status at identified referral laboratory through ART centers*

Name & Signature
Laboratory technician

Name & Signature
Laboratory In-charge

DISTRICT HOSPITAL CHURACHANDPUR INVESTIGATION REPORT

HBs Ag Rapid	NEGATIVE		NEGATIVE
Hepatitis C virus (HCV)	NEGATIVE		NEGATIVE
Random Blood Sugar	87	mg/dl	70.0 – 125.0 mg/dl

GOD-PAP methodology

Foot Note: Kindly correlate Clinically

Note: random blood glucose test is used to diagnose diabetes. The test measures the level of glucose (a type of sugar) in your blood. If your blood glucose level is 200mg/dl or higher and you have the classic symptoms of high blood sugar (excessive thirst, urination at night, blurred vision, and in some cases weight loss) your doctor may diagnose you with diabetes. If you do not have any symptoms of high blood sugar , your doctor will probably have you take another test for further evidence of diabetes.1

Usually, having high blood glucose can be a sign of that your body is not functioning normally and that you may diabetes. I f you have high blood glucose and it is not treated, it can lead to serious health complications. However, finding out that your blood glucose is elevated is powerful information that you can keep yourself healthy. If you know that your blood glucose is high, you can take steps to lower it , by losing weight (if you are overweight or obese), getting regular moderate physical activity, and taking a medication that lowers blood glucose.2

Ngamsat Gangte 59/Male
Add. Chiengkongpang.

Plan: Exploration & SA.

Pre-OP Advice:
NPO from 5am. after Light Breakfast
~~Inj.~~ Ollum AX 1.5g IV (OST)
~~Inj.~~ Pantop 40mg IV OD
IVF: RL-10, DNS-10

Shift to NMH
↓ Dr. Pawsian

For M.C. DIAGNOSTIC

*** End of Report ***

Clients are advise... laboratory if the results are alarming and unexpected for possible remedial action.
...available - All laboratory test, ECG & X-ray

ERTIFIED HOSPITAL

CUALTY TICKET

No. F/MNP/DH/CCP/HAM-01/01

CASUALTY DEPARTMENT
DISTRICT HOSPITAL, CHURACHANDPUR

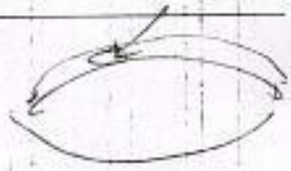
ate : 03/05/23 8:31pm Ticket/Regd No. : 23-24/60272 5231

Name : Seitinthang Age 15 year month da

Son/Wife/Daughter of Male ✓ Female

Address : Churachan

Provisional Diagnosis : EYE



PATIENT'S VITALS

- Height cms
- Weight kg
- BP / mmHg
- Pulse Rate /min
- Respiratory Rate /min
- Temperature °F
- SPO2

injury (2) eye
L/wnd trauma ?
Bullet injury
Abrasion (2) applied.
(Treelet in situ)
(1) carbot

Vision ↓
HM (+) CF.

℞
(1) E/d Mixigram (4) drop
0—0—0—0 x 7 day

(2) Tab ulliflam (10)
0 —— 0 x 5 day
(after food)

(3) Tab. TAXIM-O 200 x 5 day
0 —— 0
(after food)

Dressing done

Review in eye OPD for. Vision

9/5/23

8/5/27

Pocket - (Inattn) in (L) orbit

F/U/C bullet injury (L) eye

usG - (L) eye

Vision ↓ CF. CF

- Conjunctival congestion (+)
- Cornea
- A/C
- Pupil / Lens

Eyelid Moxigrain (L) ooooo × 7 days

FRIDAY

(93220947314)

(10-10 am)

(N H (L) eye OD)

(2) E/d NEOSTICK (L) 7a 7pm C K 2 drops

Adv usG - (L) orbit.

(+) 93620947314

MONDAY: (9-10 AM)

- / monitor eye
- check up after 7 days
- USG orbit (outdoor)

ISO 9001:2008 CERTIFIED HOSPITAL

R- No (1)

(31)

CASUALTY TICKET

No. F/MNP/DH/CCP/HAM-01/01

CASUALTY DEPARTMENT
DISTRICT HOSPITAL, CHURACHANDPUR

Date : 10/7/20?? Ticket/Regd No. : 61097

Name : Seilenthang Age 5 year month day

Son/Wife/Daughter of Male ✓ Female

Address : Chengkim

Provisional Diagnosis :

c/o Trauma (L)

PATIENT'S VITALS

Height cms

Weight kg

BP / mmHg

Pulse Rate /min

Respiratory Rate /min

Temperature °F

SPO2

- MH @ ...
Bullet (pellet inj...

VA 6/6
S/b ... OD

wear
sunglass
(for outdoor)

c OE Td Optoamc / Megafta
0 - 0 - 0 - 0 x 1 m

check up after 3 month

25/8/23 patient vision is getting worse compare to previous check up

Refer to higher centre for further management Guwahati or Delhi

Ophthalmologist
District Hospital
Churachandpur

Name: Seitulhang
Age: 15
Sex: M
Address: Chiengkon
Date: 15/5/23
Visiting No: 1

F/u/c ① eye trauma

Retinal detachment ?
ō macular hole
following trauma.

Viewmk

R
OE Id Nepaikich ① eye
o——o × 2wks

15 to 19 ← ② Tab. wysolone 10mg
(4 tabs – after food) × 4 days
(once daily)
↓
19 – 21 ← 3 tabs – after food × 3 dy
↓
22 – 23 ← 2 tabs – after food × 2 dy

③ Tab pantop 40 (10)
1 tab – once daily × 10 dy
(before breakfast)

TUES / FRI

OPD 3

Ophthalmic EMR SSN

NETHRALAYA

(Under a Registered Charitable Trust, Reg. No. 19/96)
96, Basistha Road, Guwahati-781028, Assam,
GST No:18AABTS9242F2ZA,PAN No:AABTS9242F

+91-0361-2228922
+91-8011528506
ssnghy1@gmail.com
www.ssnguwahati.org

A Center of Excellence, Service Organization and Ophthalmic Institution

Name : MR . SEITINTHANG (REGULAR)		Age : 16 Years	Gender : MALE
Address : CHIENGKON,C C PUR..... Phone No : 9612402941			
OP/IP No : OP/0123091600278	MRD No : 885098	Bill No:	BOP/01/231113/000134
Receipt No: PYT/01/231113/000059	Receipt Date : 13/11/2023 09:41:53	Doctor :	Dr. Manabjyoti Barman

Service	Amount (Rs)
MEDIUM REVIEW	500.00
Bill Total	500.00
Waiver Total	0.00
Total	500.00

Bill over (1+)

Jadu Das/ Jadu Das

Payment in Words : Rupees Five hundred only

Cashier

SRI SANKARADEVA NETHRALAYA

Remarks :

Investigation during hospitalisation : Nil

Condition At Discharge : The condition was satisfactory and hence the patient was permitted to be discharged.

Advise on Discharge

	Medicine	Form	Dose	Frequency	Duration	Qty	From	To	Remarks
LEFT EYE									
1	Milflodex E/D/ Moxifloxacin Hydrochloride 5Mg+Dexamethasone Sodium Phosphate 1Mg	Drops	1 drop	4 times/day (4th hrly)	4 Week(s)		27-09-2023	24-10-2023	
2	Megabrom E/D/ Bromfenac Sodium 0.9 Mg + Benzalkonium Chloride Solution 0.01% W/V	Drops	1 drop	2 times/day (1-0-1)	3 Week(s)		27-09-2023	17-10-2023	
SYSTEMIC MEDICATION									
3	Tab Paracetamol/	Tablets	1 tab	2 times/day (1-0-1)	3 Day(s)		27-09-2023	29-09-2023	After food in case of pain

General Advice: Incase of emergency please contact Sri Sankaradeva Nethralaya ,96, Basistha Road, Guwahati, Assam-781
Contact No : 03612233444, 8011528506, 9864367777

Review date with Reporting Time : Dr. Manabjyoti Barman on 28-09-2023 9AM at OPD3
Dr. Manabjyoti Barman on 03-10-2023 9AM at OPD3
30/9/23

Special Instructions : MAINTAIN PRONE POSITION FOR 12-14 HOURS/DAY FOR 2 WEEKS.
AVOID FACE WASH AND HEAD BATH FOR 1 MONTH.

ARCIOLANE
1300 10 ml
CE 0459
LOT 2300310
2026-01
STERILE
ARCAD

ervices please Call 8011528506

SRI SANKARADEVA NETHRALAYA

MIT ETNA EYE CLINIC

Date 24/10/23

Name Seitinthang

Age / Sex 15/M

Address Chiengkon

Visiting no. 20

Vision R

L

F/U/C - (L) eye Trauma (bulleting) c̄ conjunctival cyst excision
- pt. doing well
- Small sub capsular Cig

Rx

1. Eyedrop __________ (Right / Left / Both) ____drop ____times daily (____ days)
2. Eyedrop __________ (Right / Left / Both) ____drop ____times daily (____ days)
3. Eye drop/ ointment __________ (Right / Left / Both) __________ (____ days)
4. (TAB.) / CAPSULE/ SYRUP LIMCEE 2 tim daily (10 days) after food

- Continue - E/d maximiro 0 - 0 - 0 - 0 x 7 days

(5) Tab. Niyafen SP+ 0 — 0 x 3 days (after food)

SPECTACLE PRESCRIPTION

	Right				Left			
	Sph	Cyl	Axis	V.A.	Sph	Cyl	Axis	V.A.
DV								
NV								

Remarks __________ PD ____ mm

Single vision / Kryptok bifocals / Progressive

Hard Coat/ Anti refection / Blue Guard coating/ Photochromic

Date of Exam __________

Expiration Date __________

Optometrist __________

Ophthalmologist [signature]

Review __________ / SOS

Institution
SRI SANKARADEVA NETHRALAYA

96 BASISTHA ROAD,
GUWAHATI, ASSAM

Patient
SEITINGTHANG, .

ID: 885098
DOB:
Age: 16
Sex: Male

UBM/B-Scan Series 16-09-2023 | Study 16-09-2023

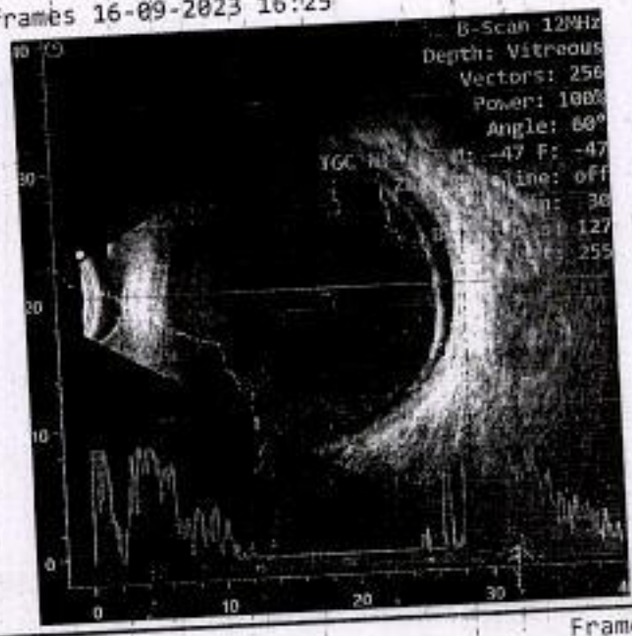
Operator: Dr. H Deka

Physician

OS

OS 2
1 frames 16-09-2023 16:25
Frame 1

OS 3
1 frames 16-09-2023 16:25
Frame 1



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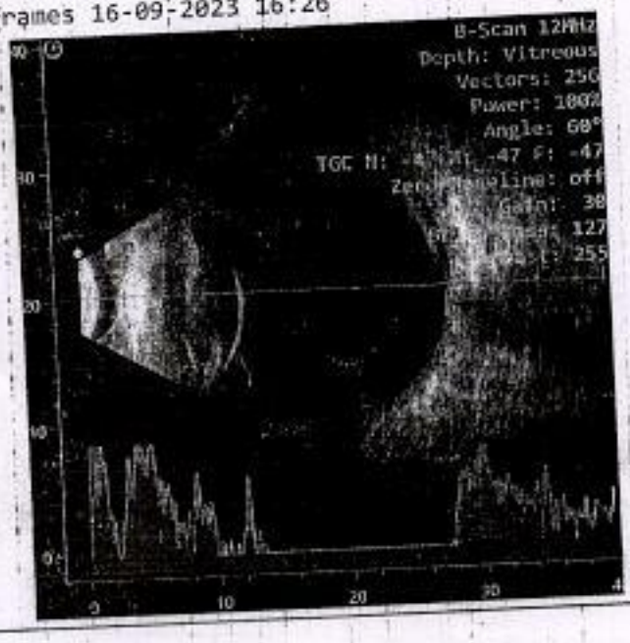

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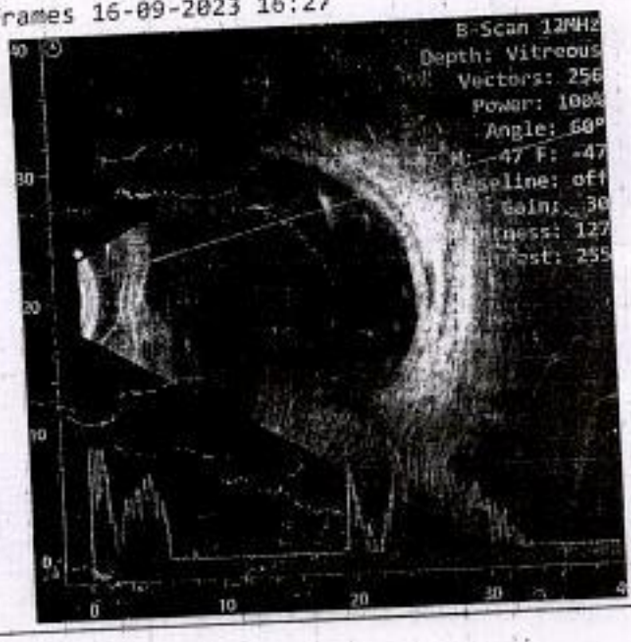


APPASAMY ASSOCIATES

MR SSN

8 Ne'l | 25

SRI SANKARADEVA
NETHRALAYA
(Under a Registered Charitable Trust, Reg. No. 19/96)
96, Basistha Road, Guwahati-781028, Assam, India
A Center of Excellence, Service Organization and Ophthalmic Institution

: +91-0361-2228922,
: +91-8011528506
: ssnghy1@gmail.com
: www.ssnguwahati.org

MRD No. : 885098
Name : MR. SEITINTHANG
Age : 16 Years
Gender : Male

DISCHARGE SUMMARY

Date of Admission: 27-09-2023 | Date of Surgery: 27-09-2023 | Date of Discharge: 27-09-2

Diagnosis :

H/O BULLET INJURY 5 MONTHS BACK
Left Eye gross macular pucker
Left Eye Retinal detachment with single break + MACULAR HOLE

Reason for Admission : VR SURGERY

Operative Procedure : Left Eye : 25G VIT + ~~LPFC~~ +EL+ SILICON OIL-1300 Under LA by Dr. Manabjyoti Barman.

Details of Hospital Stay

Event During Hospitalisation : Uneventful hospital stay.

Medication Administered during hospitalisation : Nil

Investigation during hospitalisation : Nil

Condition At Discharge : The condition was satisfactory and hence the patient was permitted to be discharged.

Advise on Discharge

	Medicine	Form	Dose	Frequency	Duration	Qty	From	To	Remarks
LEFT EYE									
1	Milflodex E/D/ Moxifloxacin Hydrochloride 5Mg+Dexamethasone Sodium Phosphate 1Mg	Drops	1 drop	4 times/day (4th hrly)	4 Week(s)		27-09-2023	24-10-2023	
2	Megabrom E/D/ Bromfenac Sodium 0.9 Mg + Benzalkonium Chloride Solution 0.01% W/V	Drops	1 drop	2 times/day (1-0-1)	3 Week(s)		27-09-2023	17-10-2023	
SYSTEMIC MEDICATION									
3	Tab Paracetamol/	Tablets	1 tab	2 times/day (1-0-1)	3 Day(s)		27-09-2023	29-09-2023	After food in case of pain

General Advice: Incase of emergency please contact Sri Sankaradeva Nethralaya ,96, Basistha Road, Guwahati, Assam-7
Contact No : 03612233444, 8011528506, 9864367777

Review date with Reporting Time : Dr. Manabjyoti Barman on 28-09-2023 9AM at OPD3
Dr. Manabjyoti Barman on 03-10-2023 9AM at OPD3
30/9/23

Special Instructions : MAINTAIN PRONE POSITION FOR 12-14 HOURS/DAY FOR 2 WEEKS.
AVOID FACE WASH AND HEAD BATH FOR 1 MONTH.

ARCIOLANE 1300 10 ml CE 0459 LOT 2300310 2026-01 STERILE
ARCAD

ervices please Call 8011528506

Ophthalmic EMR SSN

NETHRALAYA
(Under a Registered Charitable Trust, Reg. No. 19/96)
96, Basistha Road, Guwahati-781028, Assam,
GST No:18AABTS9242F2ZA,PAN No:AABTS9242F

+91-0361-2228922
+91-8011528508
ssnghy1@gmail.com
www.ssnguwahati.org

A Center of Excellence, Service Organization and Ophthalmic Institution

Patient Advance Receipt

IP/OP/EP NO	:	MRD NO	: 885098	Patient Name	: SETTINTHANG
Adv. Receipt NO	: ADV/01/230927/000009	Advance Date	: 27/09/2023 09:16:09	Location	: SRF SANKARADEVA NETHRA

SNo	Mode	Reference No	Date	Amoun
1	CC	8357		19000.
2	Cash			30000.

Total Amount In Words : Rupees Forty nine thousand only

Total Amount : 49000.

Advance Remarks : -- ADVANCE PAID

For SRI SANKARADEVA NETHRALAYA

Cashier

s038

DISCHARGE SUMMARY

sion: 27-09-2023 | Date of Surgery: 27-09-2023 | Date of Discharge: 27-09

ieTime : 27-09-2023 13:24:09

Prescribed by : Manabjyoti Barman

(Dr. Manabjyoti Barman)

Reg. No:13317/AMC

Electronically generated report and does not warrant signature

Instructions given/Documents

Name: Advice Provided

Regn. No: I24704/21

Sign: 27/09/23

Eyeness wet wipes

Rx 1 month/BDS

SERVICES

Regular OPD – 8.00 AM to 5.30 PM
Emergency Services – 24 Hours
Open in all days

SUNDAY CLOSED

ENQUIRY & EMERGENCY

(24X7)

■ 0361-2233444 ■ 0361-2228922

REGISTRATION (Appointment) BRANCH

(Available from 8:30 AM to 5:00 PM)

ANDROID MOBILE APP

Sri Sankaradeva Nethralaya

■ 80115-28506 (WhatsApp)
■ 98646-22022

EYE BANK

(24X7)

■ 98643-67777

MC-3192

SRI SANKARADEVA NETHRALAYA
A Unit of SKSHEF (Regd. as Charitable Trust)
96, Basistha Road, Guwahati - 781 028
Phone : 2233444, Mobile : 80115-28506
E-Mail : ssdn@ssdhmail.org
ssnghy1@gmail.com
Web : www.ssnguwahati.org

SSN-27

Patient Information

YOUR EYE CARE INSTRUCTIONS AFTER SURGERY

SRI SANKARADEVA NETHRALAYA
NABH & NABL ACCREDITED INSTITUTE

Dr. Mahapiyou Barman on 03-10-2023 9AM at OPD3
30/9/23

Special Instructions

- MAINTAIN PRONE POSITION FOR 12-14 HOURS/DAY FOR 2 WEEKS.
- AVOID FACE WASH AND HEAD BATH FOR 1 MONTH.

ARCIOLANE
1300 10 mt
CE 0459
LOT 2309310
2026-01
STERILE

ARCAD

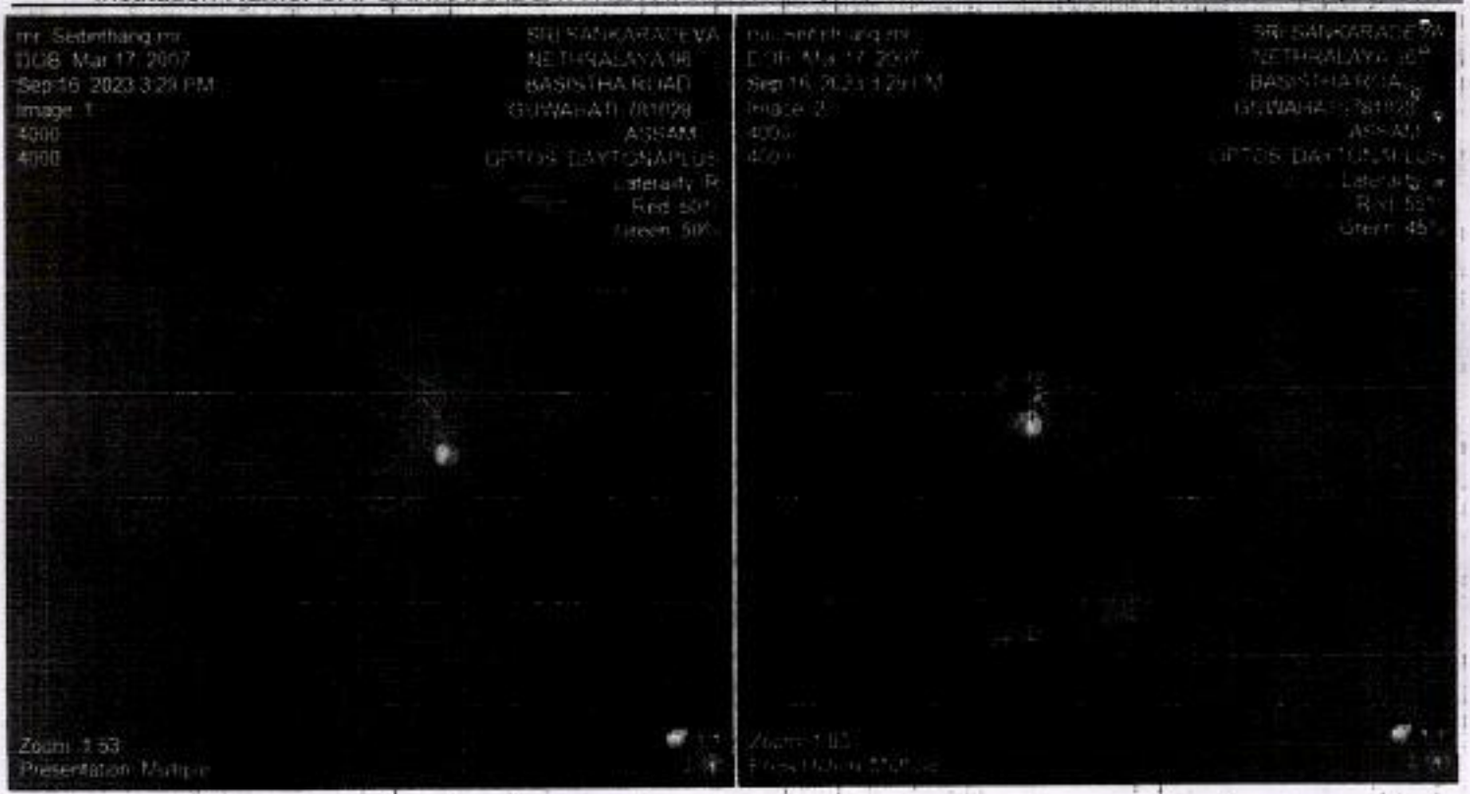
ervices please Call 8011528506

SRI SANKARADEVA NETHRALAYA

Optos ADVANCE™
Image Management for Eye Care

Performed On: Sep 16, 2023

Patient ID: **885098**
Patient's Name: **mr, Seitinthang mr**
Date Of Birth: **Mar 17, 2007**
Institution Name: ***SRI SANKARADEVA NETHRALAYA 96, BASISTHA ROAD, GUWAHATI-781028, ASSAM***



A. YOU CAN DO THE FOLLOWING :

1. Take your normal Diet or as permitted, if you have Diabetes or Hypertension.
2. Take bath everyday, you can wash your hair and apply oil avoiding the entry of water in the operated eye first week after operation.
3. Daily brush your teeth.
4. You can shave one day after surgery carefully avoiding the entry of soap & water in the eye.
5. Watch TV, read and write.
6. Climb or get down steps.
7. Take your medication like Anti Hypertensive or Anti Diabetic, Drugs according to your physician's advice.
8. Wear your old glasses or wear dark glasses during day time and wear the green plastic shield while sleeping (day or night) for 6 weeks.

B. KEEP A NOTE OF THE FOLLOWING FOR SIX WEEKS / TWO WEEKS

1. Do not sleep on the side of your operated eye.
2. Avoid lifting heavy weights and constipation.
3. Be careful with small children as they may hurt your eye unknowingly.
4. Do not drive car, scooter, or cycle.
5. Do not discontinue the medicines prescribed by us without our knowledge.
6. Perform Namaz with gestures.
7. Avoid visitors who have eye infection, common cold or any infection.
8. Avoid alcohol, cigarette, Snuff and parties.
9. Maintain special posture if it is advised.

C. GENERAL INSTRUCTIONS

1. The person who is cleaning the eye or instilling the eye drops should wash his/ her hands thoroughly with soap and water, before putting the eye drops.
2. While instilling the eye drops, pull the lower lid gently and instill one drop of prescribed medicine in the eye.
3. Replace the cap of dropper immediately after use. Do not let the dropper tip touch any surface.
4. Avoid instilling pressure on the eye.
5. Avoid instilling the eye drops yourself & if you are not sure, ask your attendant to do it for you.
6. Clean the eye twice daily with sterilized cotton, if necessary.
7. Sterilize the cotton by boiling in water for 15 minutes and use when it is lukewarm. Squeeze the water, ask the patient to close the eye, wipe gently from the corner outwards along the lashes. Change the cotton swab each time clean the lid margin. Pre starile cotton available in our Pharmcy also.
8. If you experience any of the following symptoms which last more than 24 hours, notify our institute or an ophthalmologist immediately. It is important that you be aware of these symptoms,
    1. ANY SUDDEN CHANGE IN VISION OR BLURRING OF VISION.
    2. INCREASE IN SENSITIVITY TO LIGHT.
    3. INCREASE IN REDNESS.
    4. A WHITE OR CLOUDY CORNEA OR PUPIL.
    5. PERSISTENT DISCOMFORT OR PAIN. IF THE PAIN IS EXTREMELY SEVERE, DO NOT WAIT 24 HOURS.
9. If you develop any physical problem like cough, constipation, fever, Loose motion, etc. take medicines as per Instruction of your physician.

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