



Dr.Rajesh Bhalla

Orthopedic clinic JMC Hospital,
Joshi Rd, Block 63, Karol Bagh,
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Tel: +917678211699

Case Review Form and Information

The Team Dr Bhalla is committed with efficiency for this process. The Dr Rajesh bhalla review fee is Rs 700 INR plus applicable state charges. This will be an independent engagement and not linked with any billed to insurance nor implied toward future services. Once all done and reports received. Dr Rajesh Bhalla will study the case and the reports. Either him or one of their team members will contact you to explain the findings. This should be learnt that this will be retrospective opinion and further detailing more information can be implied. For full and finalized recommendation a complete physical examination is a must.

Please follow the instructions below:

1. Pay your Rs 700 INR plus applicable state tax. "hyperlink"
2. (International patients please use "Hyperlink")
3. Check list of your parcel:
 - a. Patient History forms (DOWNLOAD NOW)
 - b. Radio diagnostic CD (MRI, CT, ortho-sacnogram, Xrays, etc.) latest by 5 months (Due to the size of imaging and variable software electronic transfer/mail is not permissible)
 - c. Physical copy of the reports of the Medical records, reports etc.
 - d. Self-addressed envelope with stamp to return imaging as applicable.
4. Parcel your desired medical material to :

C/o Dr Rajesh Bhalla
16/70, Lane 2, Joshi Road ,
Karol Bagh, New Delhi, 110005.

You can connect with my personal assistant at (India) 8595471202. If she is not available this will get diverted to me, Dr Rajesh Bhalla.

Dr.Rajesh Bhalla Team.



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Clinical Case and MRI Review Patient Consent Form

Consent for Clinical Case and MRI Review &
Authorization for the Release of Medical Information

Patient Information

Name: _____

Age: _____

Address: _____

Country _____ Pin No- _____

Phone/ Mobile: _____

Email: _____

I am 18 years or older. I am under the care of a physician

This well-expressed situation that there no physical examination. Certain associated circumstantial factors of your health problem could stay hidden. This may limit the Dr Rajesh Bhalla to know the entire facts and associated critical symptoms in wholesome of your sent case detail and Radio images. This may be critical for the final diagnosis and opinion building.

This review opinion may also differ from your primary doctor. This can be discussed and further clarity can be shared with mutual opinion building.

By accepting this, you agree with these learnt situations. Your request for these services is acknowledgement that you not only aware of limitation but also agree with the risk of this fact.

Please read the following facts and mark your agreement status.

A. I have read and fully understood that the preliminary diagnosis given by Dr Rajesh Bhalla has a limit in absence of physical examination. This physical examination is the opportunity for the doctor to learn real time health status of the patient. While doing this the doctor can also ask certain questions supporting the diagnosis building.



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Thus, this case review and the radio opinion in absence of physical examination could limit /affect the ability of Dr Rajesh Bhalla to my injury and morbidity. This review is not intended to replace a full medical evaluation or an in-person visit with the doctor. I agree to solely assume the risks of the limitations associated with this review and understand that no guarantee or warranty is made to me concerning a specific result or cure of my health condition or injury. I have understood and agree to abide these conditions.

Yes, I agree

No, I do not agree

I abide to Privacy Practices of Dr Rajesh Bhalla and understand the explanation of how they may use and disclose confidential health information that identifies me. I consent to let Dr Rajesh Bhalla use and disclose health information about my Clinical Case and MRI Review. I can revoke my consent in writing at any time except to the extent that Dr Rajesh Bhalla has already relied on my consent.

Yes, I agree

No, I do not agree



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Authorization for Clinical Case and MRI Review

I understand that without accepting or signing this authorization, Dr Rajesh Bhalla won't be able to opine my case report. Any disclosure made by Dr Rajesh Bhalla to third party i.e. primary physician is may or may not be protected by privacy law.

This authorization is subject to revocation at any time, except to the extent that action has been taken thereon, and this authorization will expire one year from the date of authorization.

Signature of Patient**

Printed Name

___/___/___
Date Signed

**In case other than patient's signature, a copy of legal documents supporting verify authority (e.g., Power of Attorney / Legal Guardian) must accompany the authorization when presented. The form must be signed, dated, witnessed by two people, and notarized when possible in this scenario.

Exception: parent of patient under 18 is signing for their ward.

Dr. Rajesh Bhalla, MS

PATIENT HISTORY FORM

Name: _____ Today's Date _____

Date of Birth: _____ Age: _____ Height/Weight: _____

History of Injury

Work Related? Yes No Motor Vehicle Accident? Yes No Sport Accident? Yes No _____
Sport

Which Knee: R L Hand dominance R L

Date of Injury: _____ If chronic, list how long have you had this pain? _____

Please describe, in your own words, how the original injury occurred:

How does this injury limit your activity?:

Rate your pain using a scale of 1-10 (10 is most painful): Rest: _____ At it's worst: _____

Is the pain: Constant Occasional Has it been: Worsening Stable Improving

Describe the pain: Sharp Dull Aching Stabbing Throbbing Sensitive to Touch

Pain at night? Yes No

Does the pain awaken you or keep you from sleep? Yes No (Awaken Keep)

Which symptoms are you experiencing?

Locking Catching Giving Way/Instability Popping Grinding Bruising Numbness

Tingling Pain Weakness Swelling Other: _____

What, if anything, improves symptoms:

Rest Activity Cold Therapy Heat Therapy Medication Other: _____

What, of anything, worsens your symptoms:

Inactivity Exercise Other: _____

Which treatments have you tried for this injury?

Nothing Exercise Ice Decreased Activity Bracing

Injections: _____

Physical Therapy _____ Acupuncture _____

Medications _____ Chiropractic _____

Have you been evaluated by another physician for this injury? Yes No

Where you referred? Yes No If yes, who/where: _____

Are you interested in surgery for this problem? Yes No Unsure

Have you had any of the following tests/studies?

	Test (Month/Year)	Facility (Clinic/Hospital)
Xray	_____	_____
MRI	_____	_____
CT Scan	_____	_____
Other	_____	_____