

THE EXCHANGE

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Clinical Innovations

New Milestones

Better Outcomes

Cover Feature

A DECADE OF THE MISSION TB-FREE HARYANA



67,500

People
Screened



62,577

Chest X-rays
Performed



11,715

CXR's Suggestive
of TB



7,935

Molecular Tests
Conducted



3,546

TB Cases
Identified



5.3%

Overall Diagnostic
Yield

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Medanta

A Decade of the TB-Free Haryana Mission

What began as a mobile chest X-ray pilot in Rewari grew into a statewide public-private partnership, bringing diagnostics closer to underserved communities and creating a platform for research, evidence and academic collaboration.

Diagnosing tuberculosis is not only about having the right test. It is also about whether that test reaches the patient at the right time.

In rural Haryana, presumptive TB patients with negative sputum smears often had to complete several steps before undergoing a chest X-ray (CXR) - a course of antibiotics, repeat sputum testing and further referral. For patients living far from diagnostic facilities, every additional visit could mean a delay in diagnosis or loss to follow-up.

In 2014, the Government of Haryana and Medanta - The Medicity came together to address this gap through a mobile digital CXR pilot in Rewari district. Over 19 field visits to six rural primary health centres, 350 symptomatic, smear-negative patients were screened. One hundred had abnormal CXRs and, following clinical assessment, 75 began anti-TB treatment, including 17 bacteriologically confirmed cases.

The pilot demonstrated the value of bringing chest imaging earlier into the diagnostic pathway - and taking it closer to the communities that needed it.

From a Pilot to a Statewide Partnership

Following the Rewari pilot, the TB-Free Haryana Mission was formally launched as a public-private partnership in 2015.

The programme drew on the complementary strengths of both partners. The public-health system provided programme integration, field coordination and linkage with state and district TB services. Medanta contributed clinical and technical expertise, diagnostic technology, mobile logistics and project financing through Corporate Social Responsibility support.

The Mission initially followed a hub-and-spoke model, with mobile digital CXR vans travelling to health facilities across five districts. Upfront CXR was offered alongside sputum microscopy for presumptive TB patients, before chest radiography was formally incorporated into the national TB diagnostic guidelines in 2016.

By 2017, the programme had expanded to 13 districts and to 16 districts by 2018, before progressively extending across Haryana.

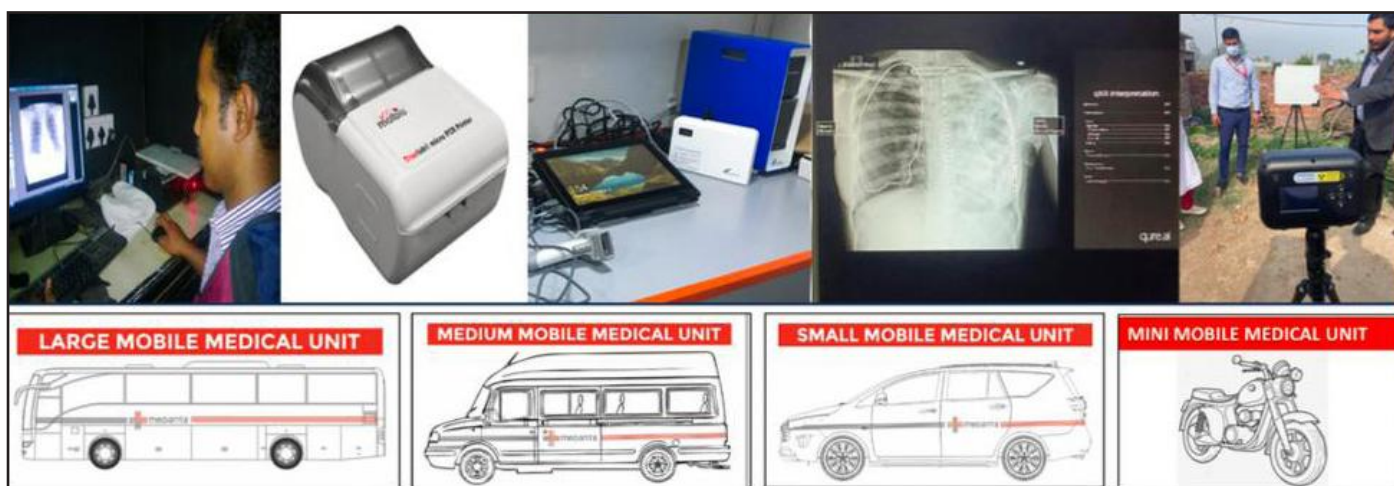
The partnership also recognised that providing technology alone would not improve access. Community health workers helped identify and mobilise patients, while district teams, local leaders and awareness activities supported participation. Vans travelled directly to communities where migrant workers and daily-wage earners could not easily access routine services. Early-morning and evening screening hours were introduced to make attendance more practical.

Bringing Diagnosis into a Single Visit

As the programme expanded, molecular WHO-recommended rapid diagnostic testing was incorporated to improve diagnostic accuracy. However, the test was initially available only at district-level facilities, requiring patients to make an additional visit. Only around half of those eligible completed this step.

The programme responded by placing point-of-care molecular testing inside the mobile van, alongside digital CXR.

In the 2018-19 implementation cohort, 1,673 CXRs were performed and 215 showed findings suggestive of TB. Of the 109 patients eligible for point-of-care molecular



testing, 82 were tested on site. Fifty-nine tested positive and began treatment within 24 hours.

The CXRs were reviewed by Medanta respiratory consultants or district TB officers and validated remotely by a senior Medanta pulmonologist on the same day. This helped bring clinical assessment, imaging and molecular testing into a single visit, reducing the need for patients to travel elsewhere for confirmation.

Following interruptions during the COVID-19 pandemic, the Mission resumed its activities and continued to evolve. Between 2022 and 2024, intensified active case finding incorporated computer-aided detection and AI-assisted CXR interpretation, point-of-care molecular diagnostics, immediate Ni-kshay notification, treatment linkage and household contact screening. The intensified model reported three times the case notification seen in the control districts.

Of the 3,546 TB cases identified, 1,723 were bacteriologically confirmed and 1,823 were clinically diagnosed. This highlights the importance of combining microbiological testing with imaging and clinical judgement during active case finding.

The mobile CXR programme also identified abnormalities beyond active TB, including healed or calcified lesions and findings suggestive of other respiratory and cardiac conditions. These findings were communicated to patients and shared with primary health centre medical officers for further evaluation and follow-up.

What Made the Partnership Sustainable

A defining feature of the TB-Free Haryana Mission was that it worked within the public-health system rather than alongside it.

The Government of Haryana supported field implementation, programme coordination and linkage with state and district TB services. Medanta brought clinical expertise, technology, logistics and sustained domestic funding through CSR support. Community health workers, district TB officers, civil hospitals and local

health teams helped translate the model into everyday service delivery.

The programme also remained aligned with national diagnostic algorithms and systems such as Ni-kshay. As operational needs changed, the model moved from mobile CXR to molecular diagnostics, point-of-care testing and AI-assisted interpretation.

Its progress did not depend on one technology alone. At each stage, the partners identified where patients were being delayed or lost and adapted the pathway to address that particular gap.

From Programme Delivery to Published Evidence

The partnership has also created a pathway from field implementation to research and academic learning.

The Mission's ten-year experience has been documented in a peer-reviewed review article authored by clinicians, programme leaders, state and district TB officers, civil-hospital representatives, public-health researchers and academic collaborators from India, the UK and the US.

The author group reflects the collaborative nature of the programme itself. Contributors involved in clinical care, field implementation, programme management and research have come together to analyse and document the experience. This has helped ensure that practical learning from the field becomes part of the wider scientific and public-health evidence base.

The collaboration extends across Medanta, the Haryana State and District TB Offices, civil hospitals in Haryana, University College London, AIIMS Nagpur, Tufts University School of Medicine and Scarborough General Hospital.

Over the past decade, the TB-Free Haryana Mission has shown how a well-structured public-private partnership can improve access to diagnostics, strengthen clinical pathways and generate evidence from real-world implementation. By bringing

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together public-health teams, clinicians, community workers and academic partners, the programme has created a model that supports both patient care and wider learning in TB control.



**PUBLISHED
RESEARCH**



Staying ahead of the curve: a decade of a sustainable public-private synergy for TB elimination in Haryana, India

Transactions of the Royal Society of Tropical Medicine and Hygiene, 2026

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Case Study

Medanta - Lucknow

Valve-in-Valve Transcatheter Mitral Valve Replacement

Management of a Degenerated Bioprosthetic Mitral Valve in a High-Risk Patient

Degeneration of a surgical bioprosthetic mitral valve can result in significant mitral regurgitation and stenosis. Redo mitral valve replacement may carry considerable risk in patients with multiple comorbidities and clinical instability. Transcatheter mitral valve replacement (TMVR) offers an alternative treatment option in appropriately selected high-risk patients with degenerated bioprosthetic valves.

This case describes valve-in-valve TMVR in a patient with a degenerated bioprosthetic mitral valve, severe mitral regurgitation and stenosis, acute decompensated heart failure and severe pulmonary arterial hypertension.

Clinical Presentation

A 65-year-old woman, a known case of rheumatic heart disease, type 2 diabetes mellitus, hypertension and

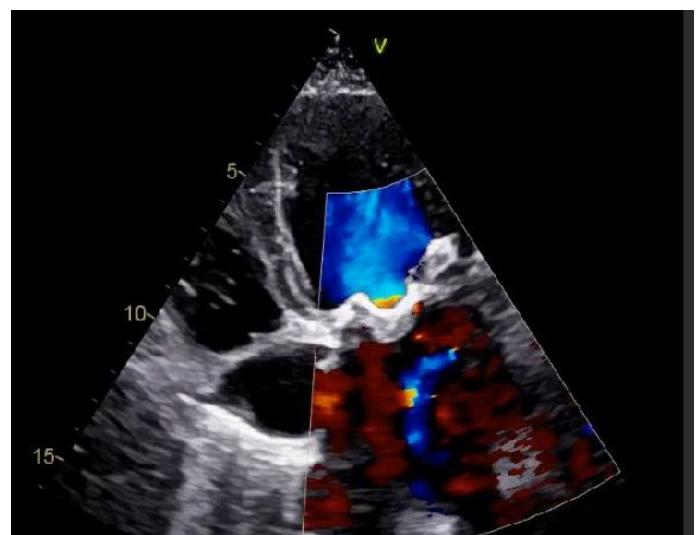
hypothyroidism, had undergone mitral valve replacement with an EPIC 25-mm bioprosthetic valve in 2011.

She developed breathlessness on 10 July 2026 and was initially admitted to a hospital in Varanasi before being referred to Medanta - Lucknow. At evaluation, she was found to have degeneration of the bioprosthetic mitral valve with severe mitral regurgitation and severe mitral stenosis. She also had intermittent atrial fibrillation with fast ventricular response, acute decompensated heart failure (NYHA Class IV), severe pulmonary arterial hypertension and a lower respiratory tract infection.

In view of respiratory distress, she required intensive care and prolonged medical management. During her hospitalisation, urine culture grew *Candida auris*, and antifungal therapy was initiated according to sensitivity.

Evaluation and Diagnosis

Echocardiography showed a degenerated mitral valve prosthesis with severe mitral regurgitation and severe mitral stenosis, with a mitral valve peak/mean gradient of 33/19 mmHg. There was moderate tricuspid regurgitation with an estimated RVSP of 100 mmHg plus RAP and severe pulmonary arterial hypertension. The left atrium was dilated to 4.6 cm. Left ventricular ejection fraction was 55%, with normal right ventricular systolic function.



Pre-procedure echocardiographic image showing severe mitral regurgitation and turbulent flow across the degenerated bioprosthetic mitral valve

HRCT of the chest demonstrated a grossly dilated left atrium and pulmonary trunk, with bilateral mosaic attenuation and smooth interlobular septal thickening consistent with pulmonary oedema, along with trace bilateral pleural effusions.



Following multidisciplinary evaluation and assessment of the anatomical suitability for a transcatheter approach, the patient was considered for valve-in-valve TMVR

The patient was evaluated by the CTVS team, who initially advised medical stabilisation followed by redo mitral valve replacement. However, given her high risk for redo surgery, she was subsequently evaluated for a transcatheter approach.

Coronary angiography performed on 28 July 2026 was normal. Cardiac CT performed for TMVR planning demonstrated a dilated main pulmonary artery and prominent right-sided cardiac chambers, consistent with pulmonary arterial hypertension. CT-based virtual valve assessment showed an LVOT area of 290 mm².

Transcatheter Mitral Valve Replacement

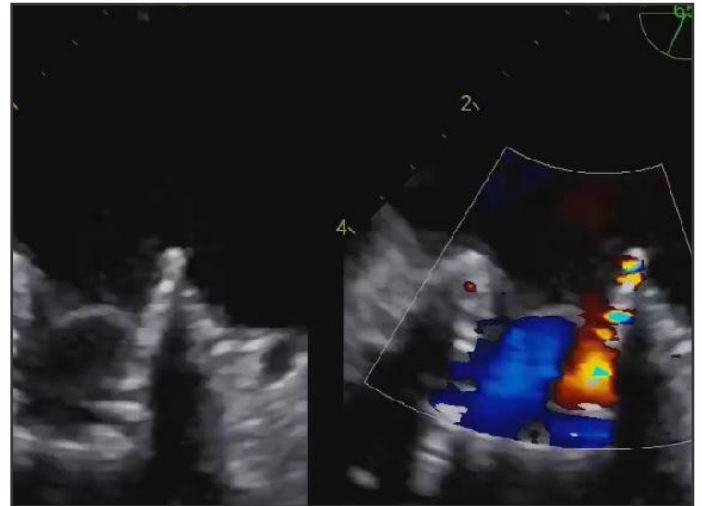
After informed consent, the patient underwent TMVR under general anaesthesia and transoesophageal echocardiography guidance on 4 August 2026.

The procedure was performed through the right femoral vein using a transeptal approach. The interatrial septum was dilated using a 14-mm balloon, following which a 23-mm Myval transcatheter valve was advanced over a Safari wire into the left ventricle and deployed at 8 ATM.

The valve was successfully implanted in the degenerated surgical mitral prosthesis. The procedure was well tolerated and uneventful.

Post-procedure echocardiography showed a well-functioning prosthetic mitral valve with a valve area of

2.6 cm² and a peak/mean gradient of 13/8 mmHg. There was no paravalvular or valvular leak. LVEF remained 55%.



Post-TMVR echocardiographic image showing a well-functioning prosthetic mitral valve with smooth laminar flow

Recovery

Following the procedure, the patient was transferred to the ICU for further monitoring. She was managed with intravenous antibiotics, antifungal therapy, diuretics and other supportive measures. The Critical Care team was involved in the management of her complicated urinary tract infection. The patient responded well to treatment. The post-procedure course was uneventful, and she was subsequently transferred from CTVS to the Cardiology unit for further management.

Outcome

Pre-discharge echocardiography demonstrated a well-functioning prosthetic mitral valve, with a peak/mean gradient of 15/8 mmHg and a mitral valve area of 2.0 cm². No paravalvular or valvular leak was seen. LVEF was 55%, with moderate tricuspid regurgitation.

At discharge, the patient was conscious and oriented, with a pulse rate of 77/min and blood pressure of 113/54 mmHg. She was discharged in a stable condition on 10 August 2026 with medical follow-up planned.

Clinical Perspective

This case highlights the role of valve-in-valve TMVR in selected patients with degenerated surgical bioprosthetic mitral valves who are considered high risk for redo surgery. In this patient, severe mitral regurgitation and stenosis were associated with acute decompensated heart failure and severe pulmonary arterial hypertension, in the setting of multiple comorbidities and ongoing infective concerns.

Multidisciplinary assessment, including echo cardiographic and CT-based procedural planning, enabled selection of a transcatheter approach. Successful implantation of the 23-mm Myval valve resulted in a well-functioning prosthetic mitral valve without residual valvular or paravalvular leak, and the patient was discharged in a stable condition.

Dr. Pravin K. Goel

Director - Interventional Cardiology
Medanta - Lucknow



Case Study

Medanta - Noida

Microsurgical Reimplantation Following Traumatic Finger Amputation in Two Children

Paediatric finger reimplantation following traumatic amputation is technically challenging because of the small calibre of digital vessels and the need for precise microsurgical repair. Timely referral, appropriate preservation of the amputated part and coordinated surgical management are important for successful reimplantation.

This report describes two paediatric finger amputation cases managed with reimplantation at Medanta - Noida.

Clinical Presentation

Case 1

An 11-year-old boy from Jaipur sustained a crush injury to his right hand after his fingers were accidentally trapped in a door at home. He presented with complete amputation of the ring finger at the mid-distal phalanx level and near-total amputation of the middle finger.

The patient reached the Medanta Emergency Department at approximately 11:30 PM on 23 May 2026. The Plastic Surgery team promptly assessed the patient and counselled the relatives. The amputated part was appropriately preserved and the patient was stabilised and admitted for operative management.

Case 2

A 6-year-old boy from Sikar, Rajasthan, sustained complete amputation of the right index finger through the distal interphalangeal (DIP) joint following a grass-cutting machine injury at approximately 7 PM.

After receiving initial treatment at Sikar, he reached the Medanta Emergency Department at approximately 4 AM on 3 June 2026 with the amputated part.

Surgical Management

Case 1

The amputated part was shifted to the operating theatre for exploration and dissection under the microscope. Reimplantation commenced at approximately 2 AM, beginning with exploration of the ring finger under the microscope, followed by radial digital artery and venous anastomosis. The middle finger was also repaired along with nail-bed repair.

The patient tolerated the procedure well and was closely monitored postoperatively.



Case 2

The amputated part was taken to the operating theatre by 5:30 AM and explored under the microscope.

Reimplantation commenced at 6:15 AM and was successfully completed by 8 AM.

The procedure included K-wire fixation, digital arterial and venous anastomosis, and digital nerve repair, resulting in restoration of blood flow to the replanted finger.

Recovery

Both patients remained clinically stable following surgery and were discharged after two days.

They were subsequently followed regularly through physical outpatient visits as well as video consultations. During the postoperative period, both developed minor distal tip necrosis; however, more than 90% of the length of the affected fingers was successfully preserved.



Outcome

On recent follow-up, both children had resumed their routine daily activities and were continuing physiotherapy for further functional recovery.

Clinical Perspective

These cases highlight the importance of timely transfer, appropriate preservation of amputated parts and coordinated management across the Emergency, Anaesthesia, Operating Theatre and Microsurgical teams in paediatric traumatic finger amputation.

The small calibre of digital vessels in children, which may measure less than 1 mm and can be as small as 0.3–0.8 mm, requires high-magnification microscopy, ultra-fine microsurgical instruments and fine monofilament microsutures for vascular and nerve repair.

Dr. Vimalendu Brajesh

Director - Aesthetic, Plastic and Reconstructive Surgery
Medanta - Noida



Dr. Pooja Gupta

Associate Consultant - Aesthetic, Plastic and Reconstructive Surgery
Medanta - Noida



In Focus

Taalo Mat Pehchaano

Supporting Earlier Detection of Oral Cancer

Oral cancer may present initially with subtle, often painless changes that are easily overlooked. Persistent oral ulcers, white or red patches, unexplained loose teeth, ill-fitting dentures or difficulty while eating may warrant further evaluation, particularly in individuals with recognised risk factors.



Medanta's Taalo Mat Pehchaano initiative has been developed to strengthen awareness around these early warning signs and encourage timely clinical assessment. At the centre of the initiative is the S.M.I.L.E. Check - sores or ulcers that do not heal, mouth patches that appear white or red, ill-fitting dentures, loose teeth and eating difficulty - supported by the 2-Week Rule, which reinforces the need to evaluate oral lesions that persist beyond 14 days.

The initiative also combines awareness with two structured assessment tools. An AI-assisted oral scan by scanO provides a quick, no-touch and non-invasive preliminary assessment of the mouth, highlighting areas that may require closer clinical review. The scan is supported by a free dental examination.

A separate QR-based Oral Health Risk Check offers a brief, private digital assessment based on an individual's habits, symptoms and oral health history. It provides a personalised risk indication and guidance on the appropriate next step.

Together, these tools complement the S.M.I.L.E. Check and the 2-Week Rule, supporting earlier recognition of oral changes and timely clinical evaluation.

alongside speech, swallowing, nutrition and functional recovery.

Taalo Mat Pehchaano connects public awareness with this clinical pathway - encouraging people to recognise persistent oral changes earlier and seek evaluation at a stage when timely diagnosis and appropriate treatment can make a meaningful difference.

Spotlight

Har Ghar, Har Society Surakshit

Building Emergency-Ready Communities

Medanta's new initiative takes structured emergency preparedness into residential communities through practical training, trained first responders and continued reinforcement of essential response skills.

The pre-hospital interval is critical in emergencies such as sudden cardiac arrest, drowning and acute injuries, particularly in residential settings where trained medical support may not be immediately available. Har Ghar, Har Society Surakshit has been developed by Medanta to strengthen first-response preparedness within RWAs and residential communities.

Launched initially at Medanta Noida, the programme uses a hands-on format built around five Suraksha Zones covering CPR for sudden collapse, first aid for animal bites, drowning response, fire emergencies and dehydration management. Residents and society staff are trained through practical demonstrations and defined emergency response protocols.

A key component is the training of security, housekeeping and facility teams as Suraksha Champions. Through role-based modules, these on-site teams are equipped to provide an informed first response during the critical minutes before medical support arrives.

Preparedness is also extended into the home through Safe Home Guidelines, an Emergency Pocket Booklet and a Medanta First-Aid Kit, supported by practical training in essential first-response skills. The programme is reinforced through refresher training, short digital reminders and periodic drills to help residents and trained responders retain key response steps over time.



From a clinical perspective, early identification depends on careful examination of persistent oral changes during routine assessment, particularly in individuals with recognised risk factors. Suspicious lesions should be evaluated promptly to avoid delays in diagnosis.

The initiative also reinforces the importance of an integrated pathway once a suspicious lesion is identified. At Medanta, oral cancer care brings together Head & Neck Surgery, Medical Oncology, Radiation Oncology, Dentistry, Nutrition and Rehabilitation, enabling treatment planning to consider disease control



Har Ghar, Har Society Surakshit is planned for replication across Medanta units. As the programme expands, the focus will remain on building a structured, community-based first-response system that complements formal emergency care and supports timely escalation when definitive medical intervention is required.

Highlight

Medanta Patna Hosts Neuro Axis Summit 2026

The two-day Neuro Axis Summit 2026, organised by Medanta Patna in association with the Bihar Neurosurgical Society, concluded successfully with strong academic participation and exchange of clinical expertise. The summit brought together more than 30 distinguished faculty members and expert speakers, along with over 200 doctors and healthcare professionals from across India.

The scientific programme covered neuro-oncology, neurovascular care, spine surgery, neurocritical care and neurology. Sessions explored evolving technologies and techniques, including robotics, artificial intelligence in neurosurgery, intraoperative nerve monitoring and advanced surgical approaches. Case-based discussions, interactive scientific sessions and a dedicated Resident Poster Session encouraged the exchange of clinical experience and ideas.

The summit provided a platform for specialists to discuss evolving approaches in vascular, oncological and spinal care, while strengthening academic engagement and collaboration across the neuroscience community.



Kudos

CONGRATULATIONS



Dr. Bharat Gopal

Senior Director - Interventional Pulmonology
Department of Respiratory & Sleep Medicine
Medanta - Gurugram

has been honoured with the Peacock Medical Education Excellence Award 2026 by Medical Dialogues, presented during the National Medical AI Consortium.

The award recognises his nearly three-decade contribution to pulmonology, medical education and training, including his work through Pulmo-पाठशाला™, which has trained more than 5,000 doctors.



A Global Recognition for Excellence in Stroke Care



Medanta Lucknow and Medanta Noida have been awarded the **World Stroke Organization (WSO) Angels Diamond Award - Q2 2026**, the highest level of recognition for excellence in timely, standardised stroke care.



Welcome Onboard



Dr. Dinaben Jashubhai Shah

Director - Emergency and Trauma
Medanta - Noida

Dr. Shah specialises in emergency medicine, trauma and critical care, with expertise in advanced life support and major trauma management. Her clinical interests include mass casualty management, disaster response, triage and advanced emergency care.



Dr. Priya Tiwari

Director - Medical Oncology and Haemato-oncology
Medanta - Gurugram

Dr. Tiwari specialises in medical and haemato-oncology, managing solid and haematological malignancies and stem cell transplantation. Her expertise spans chemotherapy, immunotherapy, targeted and hormonal therapies, with clinical interests in cancer genetics and precision medicine.



Dr. Dheeraj Kumar

Associate Director - Internal Medicine
Medanta - Patna

Dr. Kumar specialises in internal medicine, with expertise in complex adult illnesses, infectious diseases, intensive care and metabolic disorders. His clinical interests include sepsis, tropical medicine, diabetes, hypertension and medical emergencies.





Dr. Anil Kumar Jha

Associate Director - Neurology
Medanta - Patna

Dr. Jha specialises in neurology, with expertise in movement disorders, stroke, epilepsy and neuromuscular disorders. His clinical interests include Parkinson's disease, dystonia, migraine and botulinum toxin therapy for dystonia and spasticity.



Dr. Amitava Goswami

Senior Consultant - Gastroenterology and Hepatology
Medanta Mediclinic - Guwahati

Dr. Goswami specialises in gastroenterology and hepatology, with expertise in advanced therapeutic endoscopy, pancreatic disorders, ERCP and liver transplantation.



Dr. Ashwini Chandel

Senior Consultant - Paediatrics
Medanta - Noida

Dr. Chandel specialises in paediatrics, with expertise in neonatal intensive care, newborn care and paediatric critical care. Her clinical interests include preterm babies, neonatal ventilation and critically ill children.



Dr. Rajesh Rajan

Senior Consultant - Clinical and Preventive Cardiology
Medanta - Gurugram

Dr. Rajan specialises in clinical and preventive cardiology, with expertise in heart failure, coronary artery disease and advanced echocardiography.



Dr. Surbhi Kumari

Senior Consultant - Radiology and Imaging
Medanta - Patna

Dr. Kumari specialises in diagnostic radiology, with expertise in obstetric ultrasound, foetal imaging, CT, MRI and musculoskeletal imaging.



Dr. Smriti Rekha Mahanta

Consultant - Clinical and Preventive Cardiology
Medanta Mediclinic - Guwahati

Dr. Mahanta specialises in clinical and preventive cardiology, including hypertension, heart failure, coronary artery disease and non-invasive cardiac evaluation.



Dr. Abhijit Behera

Consultant - Orthopaedics
Medanta - Lucknow

Dr. Behera specialises in orthopaedics, with expertise in joint replacement, paediatric orthopaedics, complex trauma and arthroscopy.



Dr. Mithilesh Kumar Yadav

Consultant - Urology
Medanta - Noida

Dr. Yadav specialises in urology, with expertise in minimally invasive endourology, robotic surgery, renal transplantation and uro-oncology.



Dr. Pranjit Das

Consultant - Radiology and Imaging
Medanta - Gurugram

Dr. Das specialises in diagnostic radiology, with expertise in ultrasonography, Doppler studies, CT, MRI and image-guided procedures.



Dr. Mridul Mahajan

Associate Consultant - Gastroenterology
Medanta - Gurugram

Dr. Mahajan specialises in gastroenterology, with expertise in inflammatory bowel disease, functional gastrointestinal disorders, pancreaticobiliary diseases and liver disorders.





Dr. Baidhnath Kumar Gupta

Associate Consultant - Internal
Medicine
Medanta - Patna

Dr. Gupta specialises in infectious diseases, with expertise in multidrug-resistant infections, tuberculosis, HIV, tropical infections and antimicrobial stewardship.



Dr. Vedang Bhushan Mahajan

Associate Consultant - Neurosurgery
Medanta - Noida

Dr. Mahajan specialises in neurosurgery, with expertise in minimally invasive spine surgery, brain and spinal tumours, neurotrauma and epilepsy surgery.



IN CASE OF **EMERGENCY** DIAL **1068**

Medanta Network

Hospitals

Medanta - Gurugram

Sector - 38, Gurugram, Haryana | Tel: 0124-4141-414
info@medanta.org

Medanta - Lucknow

Sector - A, Pocket - 1, Sushant Golf City,
Amar Shaheed Path, Lucknow | Tel: 0522-4505-050

Medanta - Patna

Jay Prabha Medanta Super-Speciality Hospital,
Kankarbagh Main Road, Kankarbagh Colony, Patna
Tel: 0612-3505-050

Medanta - Ranchi

Medanta Abdur Razzaque Ansari Memorial
Weavers' Hospital,
P.O. Irba, P.S. Ormanjhi, Ranchi | Tel: 1800-891-3100
Medanta Hospital, Ranchi
NH 33, P.O. Irba, P.S. Ormanjhi, Ranchi | Tel: 1800-891-3100

Medanta - Indore

Plot No. 8, PU4, Scheme No. 54, Vijaynagar Square,
AB Road, Indore | Tel: 0731-4747-000

Medanta - Noida

F Block, Sector 50, Noida, Uttar Pradesh
Tel: 0120-3141-414

Mediclinics

Defence Colony

E - 18, Defence Colony, New Delhi | Tel: 011-4411-4411

Cybercity

UG 15/16, DLF Building 10 C, DLF Cyber City,
Phase II, Gurugram | Tel: 0124-4141-472

Subhash Chowk

Plot No. 743P, Sector - 38, Subhash Chowk,
Gurugram | Tel: 0124-4834-547

Cyber Park

Shop No. 16 and 17, Tower B, Ground Floor,
DLF Cyber Park, Plot No. 405B, Sector-20, Udyog
Vihar, Gurugram | Tel: 93541-41472

Golf Course Road

562 SP, Sector 27, Golf Course Road,
Gurugram | Tel: 0124-6930-099

Ranchi

Shah Corporate, Kutchary Road, Opp. Atal Smriti
Vendor Market, Ranchi | Tel: 1800-891-3100

Guwahati

Ambika Shrine, Beltola-Basistha Road, Last Gate,
Dispur, Guwahati, Assam | Tel: 0361-3121-414
North-East Helpline: 89043-95588

Medanta Helpline: 88-0000-1068

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