

Name :	Ref. From :	Age :	Yrs.	Months	Days	Reg. No. :	Day :
Sex :	Visit No. : 1 Department :	Doctor/Unit name (DOW) :	Entry No. :	Visit Date :	Time :	Reg. Date :	Card No. :
Room No. :	Visit No. : 2	Department :	Doctor/Unit :	Visit Date :	Time :	Department :	Time :
Entry No. :	Visit No. : 3	Department :	Doctor/Unit :	Visit Date :	Time :	Department :	Time :
Entry No. :	Visit No. : 4	Department :	Doctor/Unit :	Visit Date :	Time :	Department :	Time :

Clinical Notes  
 Department of Nephrology  
 Bardhaman Medical College  
 & Hospital  
 Monday & Wednesday OPD  
 22/5/19

ADVICE

— 1g. Epo (412)  
 — 5/c x 2 wks

— 1g. Sodium Bicarbonate (50)  
 — 1ml TDS x 2 wks  
 — 1 cr. all

Final Review  
 17-04-2019  
 12/5/19

*[Handwritten signature]*