

Visit No. : Column Name  
 Visit Date : Column Name

Name : \_\_\_\_\_ Day : \_\_\_\_\_  
 Sex : \_\_\_\_\_ Age : W/DH Yrs. Months/IN/Days (00/17/2600) Reg. No. : \_\_\_\_\_ Monday  
 Ref. From : \_\_\_\_\_ 37 0 0 Card No. : \_\_\_\_\_  
 Reg. Date : \_\_\_\_\_  
 Card No. : \_\_\_\_\_  
 Visit No. : 1 Department : \_\_\_\_\_ Visit Date : \_\_\_\_\_ Time : \_\_\_\_\_  
 Doctor/Unit Name (DOW) : NEPHROLOGY Entry No. : \_\_\_\_\_  
 Room No. : \_\_\_\_\_ Prof. R. Pandey/Dr. S. Dasgupta

Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : <b>18 FEB 2019</b>	Visit No. : 2 Tm. : _____	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Tm. : _____	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Tm. : _____
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Clinical Notes	ADVICE
<p><u>CLINICAL NOTES:</u></p> <p>2/wk.                  HB = 11.1                  V = 154 Cr 2/2.2                  Nat = 136                  Kt = 5.2</p> <p>18 MAR 2019</p>	<p><u>Adv.</u></p> <p>Met D - 2/wk.                  Epo (4000) IV S.C 2/wk.                  Iron Success 1.V 1/2wk.                  T. folic acid 1 tab OD x cont                  T. Amlodipine (10) - 1 tab ABST                  T. Metoprolol XL (25) 1 tab OD                  Cap Pant SR 1 cap ABST x cont                  Sjr Ascoril 2 tab TDS                  T. Calcium 667mg TDS</p> <p>Review after 3 months                  HB 11. Cr 1.5                  Ca + Pm</p> <p>02/18/2019 9:00 AM</p>

Handwritten notes on the left margin, including dates and initials.

Handwritten signature and date: 02/18/2019 9:00 AM