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DEPARTMENT OF HEALTH & FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL
 OPD Patient Card

372

Name : _____ Day : _____
 Sex : _____ Yrs. _____ Months _____ Days _____ Reg. No.: _____
 Ref. From: _____ Male _____ 31 _____ 0 _____ Reg. Date : _____
 Card No.: _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor/Unit Name (DOW) : _____ Entry No. : _____
 Room No. : _____

Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	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>1 FEB 2019</p> <p>Cr 10.0 K + 5.9 Gtt 9.0 UA 10.0 Hb % (10.2) P_o 6.3</p> <p>BP → (126 / 76 mmHg)</p> <p>Hcv negative</p>	<p><u>Adv</u></p> <p>CKD (Don M HD) HCV ⊕ status Tx completed</p> <p>Adv Strictly restricted diet</p> <p>→ MHD 3wklly. → IV Epo 4000slc 2wklly → IV Iron sucrose 100mg Tab Amlodipin 10 + Metoprolol 25mg → 5am. → T folic acid 5mg 2pm. → T Sordomer 400 mg TID with meal. → T Febuxostat 40mg 9pm</p>

HD can be given in summer months

TCA → 2 months

BC - USA - Cr. KT
GTT - 100A