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

223

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

Visit No. : 2 Tm.	Visit No. : 3 Tm.	Visit No. : 4 Tm.
Visit Date :	Visit Date :	Visit Date :
Department :	Department :	Department :
Doctor/Unit:	Doctor/Unit:	Doctor/Unit:
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
04 FEB 2019	Adv:
CKD-5HD	, S/R Renal diet
On MHD 2/wk x 2 yr	, MHD 3/wk.
Acc - lt UL AVF.	Inj EPO 4000 U S.C 3/wk.
	Inj Iron sucrose 100 mg IV 1/wk
BP - 110/60	Tab Amlodipine (5) — OD
Reports: 27 MAR 2019	Tab Metoprolol XL (25) — OD
Hb - 8.2.	Tab Prazosin XL (5) — OD.
Ur/Cr - 130/9.17	Tab Febuxostat (40) — OD.
Na/K - 135/6.1.	Tab Folic acid (5) — OD.
Ca/PO4 - 6.4/4.1.	Tab Cal. carbonate (500) — BD
04 FEB 2019	Tab Ranitidine - DSR — OD AC
	F/U after 2 mo c̄ Hb, S.cr, S.K+, Ca, PO.

May be allowed as per advice
Yphowdhri 22/2/19
Yphowdhri 1/3/19
4/3/19
27/3/19
15/3/19
29/3/19
5/4/19
16/4/19