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 MD, CMB (Medicine) DM (Nephrology)
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 IPOMER / S.S.K.M. HOSPITAL
 NEPHROLOGY DEPARTMENT

DEPARTMENT OF HEALTH & FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL

OPD Patient Card
 IPOMER & SSKM
 A/C Bose Road Kolkata-20

Name: SHYAM NASKAR Age: 60 Yrs. Sex: Male Ref. From: NEPHROLOGY
 Visit No.: 1 Department: NEPHROLOGY Doctor / Unit Name (DOW): Prof. R. Fandey/Prof. (Dr.) A. Roychowdhury
 Room No.: 0 Entry No.: 0
 Visit Date: 08-05-2019 Visit Date: 08-05-2019
 Card No.: SSKM/R/1900491179 Card No.: SSKM/R/1900491179
 Reg. No.: SSKM/R/190013311 Reg. Date: 08-05-2019
 Day: Monday

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

Clinical Notes	ADVICE
<p>06 MAY 2018</p> <p>CRD SHD. Acc. femoral D/C</p> <p>AVF - scheduled on 14/5/19</p> <p>BP 130/80</p> <p>03 JUN 2018</p> <p>BP 110/70</p> <p>07 MAY 2019</p> <p>BP 120/80</p>	<p>1. Refd to HDU to omit femoral D/C & plan R D/C.</p> <p>Maintenance Hemodialysis: 3x/week from nearest PPP Center</p> <p>1x Erythropoietin 4000 unit/kg. 1x/week post HD</p> <p>Cap. for the next (5) - CD</p> <p>Total dialysis intake: 124 hrs</p> <p>Total protein: g/day</p> <p>1. Refer to Central Kitchen For Diet Chart</p> <p>2. Tab Amlodipine 5 mg CD</p> <p>3. Tab Metoprolol 5 mg CD</p> <p>4. Tab clopidogrel 75mg</p> <p>5. Tab Prazosin 10 mg BP</p> <p>6. Tab Telmisartan 40 mg BP</p> <p>7. Tab calcium</p> <p>8. Tab ramipril 5 mg 1x/week before breakfast</p> <p>9. Tab Domperidone 10 mg</p> <p>10. Tab ondansetron 4 mg</p> <p>11. Tab Sodium Bicarbonate</p> <p>12. Tab Folic acid</p> <p>13. Insulin premix (part) - 24U - x - 12U</p> <p>SYP Lactulose 13 mL - HS</p> <p>GCA 6 caps 6 HB. 5.M. S.K.</p> <p>G.P.O.V</p>

FT - Shyam Naskar
 Add - Ananda Pally (w)
 PO - Purna Putiary - P.S. Resident Park

11 JUN 2019

25/6/19

07 MAY 2019

01 MAY 2019

03 MAY 2019

Reports

Handwritten notes and signatures in the top right corner, including dates like 13/5/19 and 15/5/19.