

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

Visit Date : _____
 Department : _____
 Doctor/Unit : _____
 Entry No. : _____
 Visit Date : _____
 Department : _____
 Doctor/Unit : _____
 Entry No. : _____

Visit Date : _____
 Department : _____
 Doctor/Unit : _____
 Entry No. : _____

ADVICE	Clinical Notes
<p>Coarctum mtd 3/WK in EPO zone V cc 2/WK in Tran section (by) to one/wk post-HD 10 mg OD Tab Metoprolol xl 50 mg OD Tab clonidine 100mcg Tab Prazosin xl 20 mg OD - 8 AM Tab Torsemido 50 mg Tab calcium 500 mg 50 min before breakfast 505 Tab ranitidine 150 mg 30 min before breakfast Tab Domperidone 10 mg Tab ondansetron 4 mg Tab Sodium Bicarbonate Tab Fexofenadine 120 mg</p>	<p>3/8/18 Hb 9.2 urea 85 creat 6.3 Cr2+ 9.4 uric @ 5.2 K + 5.6 Na + 132 Vital Serology - NR</p> <p>Review after 3 months & report of - CRP, urea creatinine, Hb + K + Cr2+ P04 albumin</p> <p>23 AUG 2018</p> <p>on mtd Arem A/F Δ CRSD</p>

08/08/2018 01:32 PM

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