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DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R-G-1801237542

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

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

Clinical Notes	ADVICE
<p>31 OCT 2018</p> <p>CKD-5HD.</p> <p>Acc - Rt IJC - 3mo</p>	<p>Adv: 02 NOV 2018</p> <p>* D) Refd to HDU to omit Rt IJC & plan left IJC</p> <p>↓</p> <p>Assess at IJV after 10 days</p> <p>↓</p> <p>Plan for permcath (Rt/Lt) if feasible.</p>
<p>Maybe allowed to see doctor advice</p> <p>06 DEC 2018</p> <p>BP-110/70.</p>	<p>2) Continue MHD 3/wk at nearest PPP centre</p> <p>3) Inj EPO 4000 U SC 1/wk.</p> <p>4) Tab NSA ——— OD</p> <p>5) Tab Ranitidine - DSR ——— OD.</p> <p>6) Tab Ondansetron (4mg) ——— TDS.</p>
<p>No fresh reports available.</p> <p>Forwarded to S.K. Surgical, Please do the needed following financial rules</p> <p>5/10/18</p>	<p>Plu after 1 mo E Hb, S.c, S.kt, Co, Po,</p>

Assistant Superintendent (N.M.)
S.S.K.M. Hospital, Beliaghata-20

(Signature)