

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

APPROVED
HOSPITAL
ASSISTANT
COMMISSIONER (OPD)

R.G. - 1801350425
Dt. 23-11-18

Name : THUMA WHITE	Sex : Female	Age : 31 Yrs.	Months : Days :	Reg. No. : Day :	Reg. Date : Card No. :	Visit Date : Entry No. :	Department : Room No. :
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Visit No. : 2	Department : Doctor/Unit : Entry No. :
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Visit No. : 3	Department : Doctor/Unit : Entry No. :
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Visit No. : 4	Department : Doctor/Unit : Entry No. :
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ADVICE	Clinical Notes
<p>Maintenance Hemodialysis..... 3 / Per week From nearest PPP Center</p> <p>Inj Erythropoietin 4000 unit/s.c..... 2 / Per week post HD</p> <p>Inj Iron sucrose 100 / Per week</p> <p>Cap Iron 100 mg</p> <p>Total fluids.....</p> <p>Total protein..... kcal/day</p> <p>salt restriction < 6 gm/day</p> <p>Refer to Central Kitchen For Diet Chart.</p>	<p>CRD - Vom HD</p>
<p>Andalaya Sy CD</p> <p>Dr. P. Chakrabarti</p>	