

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

S.S.K.M Hospital & IPOMES&R
A.J.C Bose Road Kolkata-20

(PH:033-24733900)

000233

User Name : Coam Pasul
Paid Rupees : 2

Name : SIMANTA MANNA
Sex : Male
Age : 65 Yrs. 0 Months 0 Days
Ref. From :
Visit No. : 1 Department : NEPHROLOGY
Doctor/Unit Name (DOW) :
Prof.(Dr.)D. Sen [1st. 3rd. 5th]Prof.(Dr.)A.Roychowdhury [2nd,4th]
Visit Date : 31-01-2018
Time : 10:41AM
Reg. No. : SSKM/RG1800108649
Reg. Date : 31-01-2018
Day : Wednesday
Car. No. : SSKM/OR1800084076

Visit No. : 2 Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 3 Visit Date : Department : Doctor/Unit : Entry No. : 2 FEB 2018	Visit No. : 4 Visit Date : Department : Doctor/Unit : Entry No. :
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ADVICE	Clinical Notes
<p>WHD 3/rd for liver 11 cur</p> <p>low g art</p> <p>muscle 10 00</p> <p>muscle x 1 25 00</p> <p>in 40 4 cm sc 3/rd</p> <p>in 100 mg success</p> <p>in 100 ml MS on 1st</p> <p>1/rd</p> <p>Regimen x 1 (5) HTS</p> <p>Wt & compare up</p> <p>Tasman 20 Bior 3/rd</p> <p>01/31/2018 10:49 AM</p> <p>low 5 00 10</p> <p>Schedule 4 20 70 2</p>	<p>1001</p> <p>WHD 3/rd for liver 11 cur</p> <p>low g art</p> <p>muscle 10 00</p> <p>muscle x 1 25 00</p> <p>in 40 4 cm sc 3/rd</p> <p>in 100 mg success</p> <p>in 100 ml MS on 1st</p> <p>1/rd</p> <p>Regimen x 1 (5) HTS</p> <p>Wt & compare up</p> <p>Tasman 20 Bior 3/rd</p> <p>01/31/2018 10:49 AM</p> <p>low 5 00 10</p> <p>Schedule 4 20 70 2</p>

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Handwritten notes at the top right, possibly a signature or initials.