

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

User Name : Gagan Basu
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242

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Name : Sex : Ref. From : Yrs. : Mths : Days : Reg. No. : Reg. Date : Card No. : SSKM/REG/0000000000 15-03-2019 SSKM/REG/0000000000 15-03-2019	Visit No. : 1 Department : Doctor/Unit Name (DOW) : Room No. : Visit Date : Visit No. : 2	Visit No. : 3 Department : Doctor/Unit : Visit Date : Visit No. : 4	Visit No. : 2 Department : Doctor/Unit : Visit Date : Visit No. : 3	Visit No. : 2 Department : Doctor/Unit : Visit Date : Visit No. : 3	Visit No. : 2 Department : Doctor/Unit : Visit Date : Visit No. : 3
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ADVICE	Clinical Notes
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<p>Cont MTD - 2/wk</p> <p>T. Lincoglyptin</p> <p>1mg BPO (400) IV SC 2/wk</p> <p>1mg iron sucrose 1 v /wk</p> <p>T. Lincoglyptin (2.5) - 1 tab Bkx 1wk</p> <p>T. Senceloxifen (400) 1 tab TDS</p> <p>T. Pantoprazole 1 cap Bkx 1wk</p> <p>T. Clonidine Torsemide (10) 1 tab Bkx 1wk</p> <p>found after 1 month</p> <p>with report of</p> <p>HBV. Cr Lt</p> <p>FBS, PPS</p>	<p>(UO 5D)</p> <p>Access Rt 17c</p> <p>AVF model</p> <p>150 = 90</p> <p>24/15.3</p> <p>24/263</p>
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08/15/2019 11:44 AM

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15/3/19