

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

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

Visit Date: _____ Visit Date: _____
 Department: _____ Department: _____
 Doctor/Unit: _____ Doctor/Unit: _____
 Entry No. : _____ Entry No. : _____
 Visit No. : 2 Visit No. : 3
 Visit Date: _____ Visit Date: _____
 Department: _____ Department: _____
 Doctor/Unit: _____ Doctor/Unit: _____
 Entry No. : _____ Entry No. : _____

Clinical Notes

129 OCT 2018
 Pac
 CLDSD
 Acc: RT ANT
 MHD 2/m
 BSO- 150/100
 UB- 8.0
 C-11.18
 K4-5-6
 HBSTH
 Antiter
 HTVIR

ADVICE

✓ Anemia Hemodilution: 2 / Per week From nearest FPP Center
 ✓ Erythropoietin (EPO) with etc: 2 / Per week post HD
 ✓ Iron source: 100 mg or post HD 2mly
 ✓ Cap Iron/Folic acid: 500mcg
 ✓ Total fluids intake: 3000ml
 ✓ Total protein: 60g/day
 ✓ Total kcal/day: 2000
 ✓ Folic acid (5) OPDC
 ✓ T. Metoprolol x (25) 8 pm
 ✓ B1. for computer screen after
 ✓ Cr, U4, urine acid
 ✓ G/P, albumin
 (2)

11/29/2018 08:55 AM

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 1/32