

DEBABRATA SEN DEPARTMENT OF HEALTH & FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL
 OPD Patient Card

749

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

Visit No. : 2 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____
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Clinical Notes ADVICE

5 JUN 2018
 FIVE
 CMDSD
 Acc: REAVF
 BP-120/78
 TSB/DSB-
 1-19/0-6
 LAB-11-2
 Cr-12.04
 Ca-5-9
 UA-9-7
 UA-9-6
 HBsAg } NR
 Anti HAV }
 HCV Ab }

Adv
 Maintenance Hemodialysis ³ /Per week From nearest PPP Center
 Paracetamol ¹ /Per week post HD
 VitC 100 mg IV post HD 2 weekly
 Total protein < 500ml
 Refer to Central Kitchen For Diet Chart.
 Carbosorb 500 / 2 tabs BDPC
 Febuxostat 40 ODPC
 Syr. Lactase 10ml ODMS
 T. Lincelipam (5) OD
 B1-100 Hb, Cr, UA } after
 Ca/P, uric acid } Swk
 albumin }
 FBS/PPBS }
 (A)