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User Name : Purnendu Samanta
 Paid Rupees : 2

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card
 IPGMER & SSKMH
 A.J.C Bose Road Kolkata-20

Name : SANTI DEVI SHAW [SSKM/OR1900078505] Day : Wednesday
 Sex : Female Age : 41 Yrs. 0 Months 0 Days Reg. No. SSKM/RG1900099983
 Ref. From : Reg. Date : 23-01-2019
 Card No. SSKM/OR1900078505
 Visit No. : 1 Department : NEPHROLOGY Visit Date : 23-01-2019 Time : 09:42AM
 Doctor / Unit Name (DOW) : Prof.(Dr.)D. Sen [1st, 3rd, 5th]/Prof.(Dr.)A.Roychowdhury [2nd,4th]
 Room No. : 0 Entry No. :

Visit No. : 2
 Visit Date : Tm.
 Department :
 Doctor/Unit :
 Entry No. :

Visit No. : 3
 Visit Date : Tm.
 Department :
 Doctor/Unit :
 Entry No. :

Visit No. : 4
 Visit Date : Tm.
 Department :
 Doctor/Unit :
 Entry No. :

Clinical Notes	ADVICE
<p>23 JAN 2019</p> <p>CAD (V) D</p> <p>HTN</p> <p>MHD 2 WEEK</p> <p>BP - 164 / 94 mmHg</p> <p>RA - 80 mm/sec</p> <p>Chest - B/L A/R</p> <p>CS - S/L A/R</p> <p>HA - 120/80</p> <p>CS - 120/80</p>	<p>Tab Amlodipine 5 mg OD</p> <p>Tab Metoprolol 50 mg OD</p> <p>Tab clonidine 100 2.5 mg OD</p> <p>Tab Prezoin 200 mg OD</p> <p>Tab Torsemide 20 mg OD</p> <p>Tab ranitidine 150 mg OD</p> <p>Tab Domperidone 10 mg OD</p> <p>Tab ondansetron 4 mg OD</p> <p>Tab Sodium Bicarbonate 40 mg OD</p> <p>Tab Febuxostat 40 mg OD</p> <p>✓ Inj Hepatitis B vaccine schedule 1 ml in each deltoid (total 2 ml), IM, M0 Jan 19 M1 Feb 19 M2 March 19 M3 July 19 Inj pneumococcal 23 vaccine 0.5 ml s/c single dose Inj influenza vaccine yearly</p> <p>Maintenance Hemodialysis / Per week From nearest PPP Center Inj Erythropoietin 4000 unit s/c 2 Per week post HD Inj Iron sucrose 100 mg s/c 1/week Cap Iron 100 mg s/c 1/week Total fluid 1000 ml s/c 1/week Total protein 100 g s/c 1/week Salt restriction < 6 g/day Refer to Central Kitchen For Diet Chart.</p>

my dialysis
 23/1/19