

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

(20)

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ERI (OPD)

User Name : Purnendu Samanta  
Paid Rupees : 2

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

Name : \_\_\_\_\_ Day : \_\_\_\_\_  
Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. (PH:033-24733900) Reg. No.: \_\_\_\_\_  
Ref. From: REHANA BIBI [SSKM/OR1800556417] Reg. Date: Friday  
Female 38 0 0 Card No: SSKM/RG1800708346  
Visit No. : 1 Department : \_\_\_\_\_ Visit Date : \_\_\_\_\_ Time: 29-06-2018  
Doctor/Unit Name (DOW) : \_\_\_\_\_ SSKM/OR1800556417  
Room No. : \_\_\_\_\_ Entry No. 29-06-2018 11:23AM  
Dr. Asso. Prof. Dr. D. Sircar

Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 2 Tin. 0	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Tin. 0	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Tin. 0
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Clinical Notes	ADVICE
<p>CKD - VD</p> <p>Hb 9</p> <p>Ca 7.6</p> <p>K 5.2</p>	<p>BP 157/105</p> <p>AB</p> <p>Maintenance Hemodialysis.....3...../Per week From nearest PPP Center <i>4 hrs session</i></p> <p>Inj Erythropoietin 4000 unit s/c.....2..... Per week post HD</p> <p>Inj Iron sucrose.....100 mg.....<i>Hb 9.2</i></p> <p>Cap Iron+Folic Acid.....</p> <p>Total fluids intake...../24 hrs</p> <p>Total protein.....gm/day.....kcal/day</p> <p>salt restriction &lt; 5 gm/day</p> <p>Refer to Central Kitchen For Diet Chart.</p> <p>↓ Post HD wt by 3 kg</p> <p>- T. Amlodipine 10 mg</p> <p>- T. Metoprolol 50 mg</p> <p>Hb Ca Phos AB.</p>

*[Signature]*