

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

319

IPGMER & SSKMH
A.J.C. Bose Road Kolkata-20

Name :	Age :	Yrs.	Months	Days	Reg. No. :	Day :
Sex :	ANIMA	33	0	0	001583881	Wednesday
Ref. From :	Female				Card No. :	Reg. Date :
					SSKM/RO/1900201437	13-02-2019
Visit No. : 1	Department :	Visit Date :			Time :	
Doctor/Unit Name (DOW) :		13-02-2019			11:30 AM	
Room No. :		Entry No. :				

Visit No. : 2	Visit Date :	Department :	Doctor/Unit :	Entry No. :
	13 FEB 2019			

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

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

Clinical Notes	ADVICE
<p><u>150/90 mmHg</u></p>	<p>✓ <u>CKD (Don MHD) 3/wkly.</u></p> <p>✓ <u>HCV ⊕</u></p> <p>MHD 3/wkly.</p> <p>1. Ref to Hepatology for. Hev treat.</p> <p>2. Tab <u>Amblygen 5mg</u> od 9am.</p> <p>3. + <u>Metoprolol 50mg</u> → 9pm</p> <p>4. Inj <u>Epo 4000 slc</u> 2/wkly.</p> <p>5. Inj <u>Iron Sucrose 100mg</u> iv 2/mo.</p> <p>6. + <u>FA 5mg</u> od.</p> <p>Echocardiography + Doppler.</p>

May be allowed as per doctor's advice
13-02-19

02/13/2019 11:55 AM

TCA 1 month 2 reports