

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

OPD Patient Card  
S.S.K.M Hospital & IPGME&R

User Name : Purnendu Samanta  
Paid Rupees : 2

A.J.C Bose Road Kolkata-20

PH: 033-24733900  
 Patient Name: **ANISMAN** Age: **18** Yrs. Sex: **M**  
 Reg. No.: **SSKM/CR1800774164** Day: **Wednesday**  
 Reg. Date: **05-09-2018**  
 Card No.: **SSKM/CR1800774164**  
 Department: **NEPHROLOGY** Visit Date: **05-09-2018**  
 Prof. (Dr.) D. Sen [1st, 3rd, 5th] / Prof. **DR. ANAND ROYCHOWDHURY** [2nd, 4th] 08:37AM

Visit No.: 2 Tm. <b>5 SEP 2018</b>	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No.: 3 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No.: 4 Tm.
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Clinical Notes	ADVICE
<p><b>CHD 5D</b> <b>LT. AVF</b> <b>HR 2/wk</b> <b>BP 130/100</b> <b>PL 9-5</b> <b>Cr-6.84</b> <b>K<sup>+</sup>-5.0</b></p> <p><b>HB, H<sub>2</sub>A<sub>2</sub></b> <b>ANISMAN</b> <b>REVIDL</b> } NR</p> <p><b>5/9/18</b></p>	<p><b>Adv</b></p> <p>Maintenance Haemodialysis <b>2</b> / Per week From nearest PPP Center                  Inj Erythropoietin 4000 <b>2</b> / Per week post HD                  Inj Iron sucrose <b>100</b> mg <b>IV post HD 2wly</b>                  Cap Iron 100 mg                  Total protein <b>&lt; 500ml</b> / day                  salt restriction <b>&lt; 5 g/day</b> ✓ T. Folic acid (5) ODPC                  Refer to Central Kitchen For Diet Chart.</p> <p>Tab Amlodipine <b>10</b> mg <b>OD 8am</b>                  Tab Metoprolol xl <b>50</b> mg <b>OD 8pm</b>                  Tab clonidine 100mg                  Tab Pantoprazole xl                  Tab Torsemide                  Tab candicidin                  Tab ranitidine                  Tab Domperidone                  Tab ondansetron                  Tab Sodium bicarbonate                  Tab Folic acid <b>40</b> ODPC</p> <p>✓ T. Pantoprazole + Domperidone SR (40/30) ODPC</p> <p>✓ B12 for complete B1 count } after Cr, K<sup>+</sup>, urea acid                  Ca/P, albumin } Bwly</p>

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09/05/2018 08:40 AM

(Signature)