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 KOLKATA-700020

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

Name : _____
 Sex : _____ Age: _____ Yrs. Months Days Day : _____
 Ref. From : _____ Reg. No. : _____
 Reg. Date: _____
 Card No. : _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor / Unit Name (DOW): _____
 Room No. : _____
 Entry No. : _____

Visit No. : 2
 Visit Date : _____ Tm. : _____
 Department : _____
 Doctor/Unit : **15 FEB 2019**
 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>CKD V ND</p> <p>BP - 130/80 mmHg</p> <p>HIV HbsAg HCV } NR</p> <p>Hb 6.5</p> <p>Creat /K 7.6/3.1</p> <p>No protein in left hand</p> <p>Attend CRVS OPD for AVF creation (ISUM/met/PCV)</p>	<p><u>Advice</u></p> <p>Attend dialysis unit for instead of HD (Bif) through Rt ISE + 4 session of HD Chest & Cor Blm</p> <p>3 times MHD - 3/wk from PPP cells</p> <p>Sub EPO 4000 U SC - 2/wk</p> <p>Sub Fe Succo 100mg po - 1/wk x 10 wks 32/men</p> <p>Tab Folic acid 5mg OD</p> <p>Tab Vit B complex OD</p> <p>Tab Trisevode 10mg OD at 10am</p> <p>Tab Amlodipine 5mg OD at 10am</p> <p>Tab Metoprolol XL 25mg OD at 10pm</p> <p>Tab Pantoprazole DSR OD bnf</p> <p>Tab Sub Hep B vaccine (1ml in each dose) Feb'19 Mar'19 Apr'19 Aug'19</p>

Review after 1 month

HB, Creat, U, Ca, P, Du, UA, B, UA, ETPL

Tu