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Dr. R. Pandey

Professor & Head
MD, Med (Ca), Di Card (Can)
DM (Neph), GI, Chd.
Dept. of Nephrology
IPGME&R, SSKM Hospital, Kolkata-20

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card
IPGME&R & SSKM
A.P. Bose Road Kolkata-20

Name : DHALO MAJUMDAR	[SSKM/UR/00319044]	Day : Monday
Sex : Male	Age : 72 Yrs. 0 Months 0 Days	Reg. No : SSKM/RG1000401549
Ref. From :		Reg. Date : 25-03-2019
Visit No. : 1 Department :	PRENIPAL	Card No : SSKM/UR/000319044
Doctor / Unit Name (DOW) :	Prof. R. Pandey/Dr. S. Majumdar	Visit Date : 25-03-2019
Room No. :		Time : 11:00AM
	Entry No. :	

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit : 25 MAR 2019	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
<p>SMITZITINZIND</p> <p>ECKDSD</p> <p>7/3/19</p> <p>creat 5-6</p> <p>ylb-12-1</p> <p>Serology-NR</p> <p>03 MAY 2019</p>	<p>BR-130/80</p> <p>Maintenance Hemodialysis ² /Per week From nearest PPP Center</p> <p>Erythropoietin 4000 unit w/c / Per week post HD</p> <p>inj Iron sucrose.....mg</p> <p>Cap Iron+Folic Acid.....BD</p> <p>Total Protein.....g/dl</p> <p>cal restriction < 5 gm/day</p> <p>Refer to Central Kitchen For Diet Chart.</p> <p>- Tab Amlodipine (10) OD</p> <p>- Tab metoprolol XL (50) OD</p> <p>- Tab Aspirin + Atorvastatin (75+10) OD W</p> <p>- Tab Ranitidine (150) OD</p> <p>- Tab GTN-CR 2.6mg BD</p> <p>- Tab Nicorandil (5) BD</p> <p>- Tab Unasyn (5) OD</p> <p>- Ery Insulin Mixelard 30/70 s/c 20U</p>

R/A 3month

ylb/creat/creat/Nat/Kt/ca2+/p3

mic acid/FBS/PPBS 4