

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

18/8/18

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

Visit No.: 2 Visit Date: _____ Department: _____ Doctor/Unit: _____ Entry No.: _____	Visit No.: 3 Visit Date: _____ Department: _____ Doctor/Unit: _____ Entry No.: _____	Visit No.: 4 Visit Date: _____ Department: _____ Doctor/Unit: _____ Entry No.: _____
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Clinical Notes	ADVICE
<p>C/O headache e nausea</p> <p>BP-130/100 mmHg after taking medicine pt on enalapril (5)</p> <p>K/C/O T2DM HFN</p> <p>POB-143 / mg/dl IP-161</p> <p><del>CBC</del> MODA / NSI ANTIGEN  <del>PPBS / FBS</del> / URIC / UREA / CR  <del>LFT / LIPID PROFILE</del>  <del>FT4, FT3, TSH</del>  <del>USG OF KID</del>  <del>MRSA / CT SCAN</del>  <del>CAE - HAV</del></p> <p>CT-Scamari</p>	<p>Adv. SFR dubelti sui</p> <p>T. Amlo (5) <u>(stat)</u> ER  <math>1 \times 1</math> x 10min</p> <p>T. losar (50)  <math>1 \times 1</math> x 10min</p> <p>T. enalapril (5)  <math>1 \times 1</math> x 10min</p> <p>T. Atorva (10) - OD x 10min</p> <p>T. <del>met</del> Galvus - Met      BD x 10min      (1) - x - (1)</p> <p>T. amlie (2)  <math>1 \times \frac{1}{2}</math> x 10min</p> <p><u>120/80</u></p> <p>18/8/18</p>