

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

Clinical Notes	ADVICE
<p>15/6/18          G/o; has in (R) lower limb          &gt; (L) lower leg calf muscle.          pain w/ crepus          on resting after          activity          ↓          muscle spasm on          rest after activity</p>	<p>3          - USG of doppler of B/L lower limb          (Arterio-venous)          - NCV of B/L lower limb          - Blood test for Uric acid, FBS,          Lipid profile.          Wt. Thiazide PR &amp; 7 x (1/2) SAs (PRN)          ① T. Paracetamol (1/2) COC (PRN) 300mg          Warm compression on calf muscle.          ② T. Methylcobalamin 5 mg 1/2 OD          x 30d          TCA with reports.</p>



*[Handwritten signature]*