

**DR. HARIN VADODARIA MD**  
M.D. (Internal Medicine)  
Consultant Physician  
Reg No: G 3394,  
Mo: 9898053714  
OPD Days:

**OPR NO:**

**Shalby MD Physician Clinic**

Patient Name:-

Dipak Patel

Age / Sex :-

39/M

Chief Complaints:-

NO CMT

Date: 16/01/23

Weight:- 84.4kg

Height:- 168cm

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Past History :-

None

Pulse:- 86b/min

BP:- 180/100 mmHg

SpO2:- 99.1%

Family History:-

Systemic Examination:-

ole Rg  
hs  
NA  
cos  
|  
G

Provisional Diagnosis:-

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Tel: 079 40203000 | Fax : 079 40203109 | info.sg@shalby.org | www.shalby.org | CIN : L85110GJ2004PLC044667

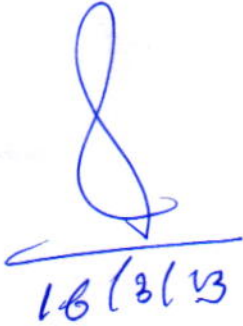
Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Investigation :-

Treatment and further advices:-  
(Write in Capital Letters)

ad  
Bot Reel  
Salt Remains  
Low Pot / calcium shut.  
Regular exercise

Rx

  
16/3/13

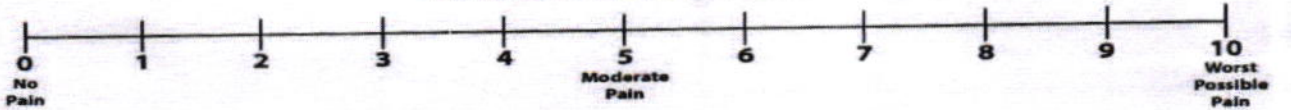
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

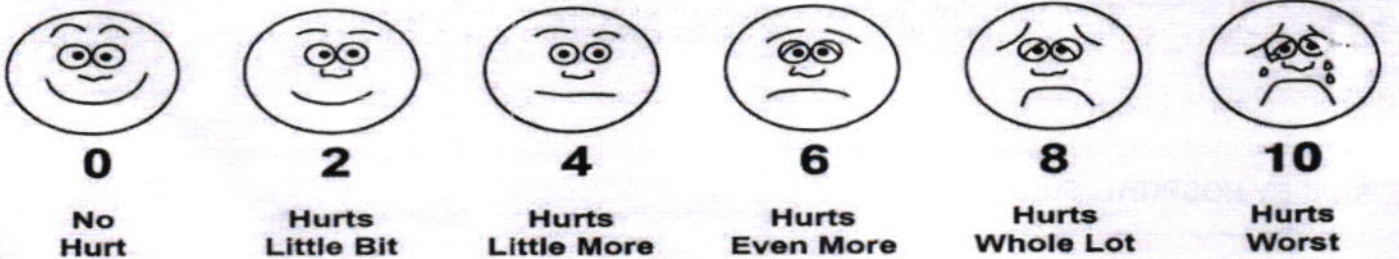
Date: \_\_\_\_\_

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale



Patient ID:	SUR00003368	Patient Name:	DIPAK B PARMAR
Age:	39 Years	Sex:	M
Accession Number:	3368	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	16-Mar-2023		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

Thanks for referral.

  
Dr. Nimit R Desai  
Consultant Radiologist

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PID : SUR0000337780 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Dipakbhai B Parmar** / Registered On : 16-Mar-2023 11:13 AM  
Lab ID : 303901223 Collected On : 16-Mar-2023 11:20 AM  
Gender/Age : Male / 39 Years DOB : 06-Mar-1984 Received On : 16-Mar-2023 11:36 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE		
ESR 1st hour * <i>Modified Westergren Method</i>	5	mm in 1 hour	0 - 15
<b>HBA1C</b> HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.5	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) \* 111 mg/dL  
*Calculated*

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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

M.B., D.C.P  
Consulting Pathologist

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Approved On : 16-Mar-2023 01:19 PM



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Lab ID : 303901223	Collected On : 16-Mar-2023 11:20 AM
Gender/Age : Male / 39 Years	DOB : 06-Mar-1984
Received On : 16-Mar-2023 11:31 AM	
Ref. By : Dr. Health Check Up . Shalby	Sample Type : Serum, Urine (PP), Urine, Serum

**Liver Function Test**

<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.5	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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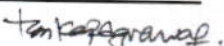
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Gender/Age : Male / 39 Years DOB : 06-Mar-1984 Received On : 16-Mar-2023 11:36 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	151	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	141	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	31	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	120	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	92	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	28	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	3.0		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	4.9	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST**

**RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	19	mg/dL	19 - 43
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.81	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	5.8	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.8	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.7	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	145	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	3.71	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	107	mmol/L	98 - 107

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	126	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	8.93	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.54	µIU/mL	0.38 - 5.33

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Gender/Age : Male / 39 Years	DOB : 06-Mar-1984	Received On : 16-Mar-2023 11:31 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.5	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.020	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

----- End of Report -----

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Approved On : 16-Mar-2023 11:33 AM

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M.B., D.C.P  
Consulting Pathologist



Patient Name: DIPAK B PARMAR	
Age / Sex: 39Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 16/03/2023

**ULTRASOUND OF ABDOMEN AND PELVIS**

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.  
**Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Prostate** is normal in size. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- No any significant abnormality is seen.

*Thanks for referral.*

**Dr. Nimit R Desai**  
Consultant Radiologist

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SHALBY HOSPITAL  
NR. NAVYUG COLLAGE, RANDER ROAD  
SURAT

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: DIPAK PARMAR,  
Patient ID: 97555  
Height:  
Weight:

DOB: 06.03.1984  
Age: 39yrs  
Gender: Male  
Race: Asian

Study Date: 16.03.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:07	0.00	0.00		130/80	
	STANDING	00:15	0.00	0.00	82		
EXERCISE	STAGE 1	02:16	2.70	0.00	115	130/80	
	STAGE 2	03:00	4.00	12.00	166		
	STAGE 3	01:12	5.40	14.00	179	150/80	
RECOVERY		03:05	0.00	0.00	101	130/80	

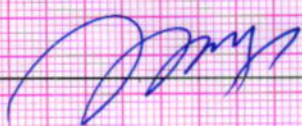
The patient exercised according to the BRUCE for 6:27 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 82 bpm rose to a maximal heart rate of 179 bpm. This value represents 98 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician  Technician \_\_\_\_\_



DIPAK PARMAR,

Patient ID 97555

16.03.2023

Male

12:22:25

39yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Tabular Summary

SHALBY HOSPITAL

BRUCE: Total Exercise Time 06:27

Max HR: 179 bpm 98% of max predicted 181 bpm HR at rest: 82

Max BP: 150/80 mmHg BP at rest: 130/80 Max RPP: 26400 mmHg\*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.05 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:00

Arrhythmia: PVC:1

ST/HR index: 0.98  $\mu$ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

impression: Normal stress test.

Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:07	0.00	0.00	1.0		130/80		0	--	
	STANDING	00:15	0.00	0.00	1.0	82			0	0.25	
EXERCISE	STAGE 1	02:16	2.70	0.00	2.2	115	130/80	14950	0	0.20	
	STAGE 2	03:00	4.00	12.00	7.0	166			1	-0.75	
	STAGE 3	01:12	5.40	14.00	10.0	179	150/80	26850	0	-0.95	
RECOVERY		03:05	0.00	0.00	1.0	101	130/80	13130	0	0.00	



DIPAK PARMAR,  
Patient ID 97555  
16.03.2023  
12:22:48

12-Lead Report

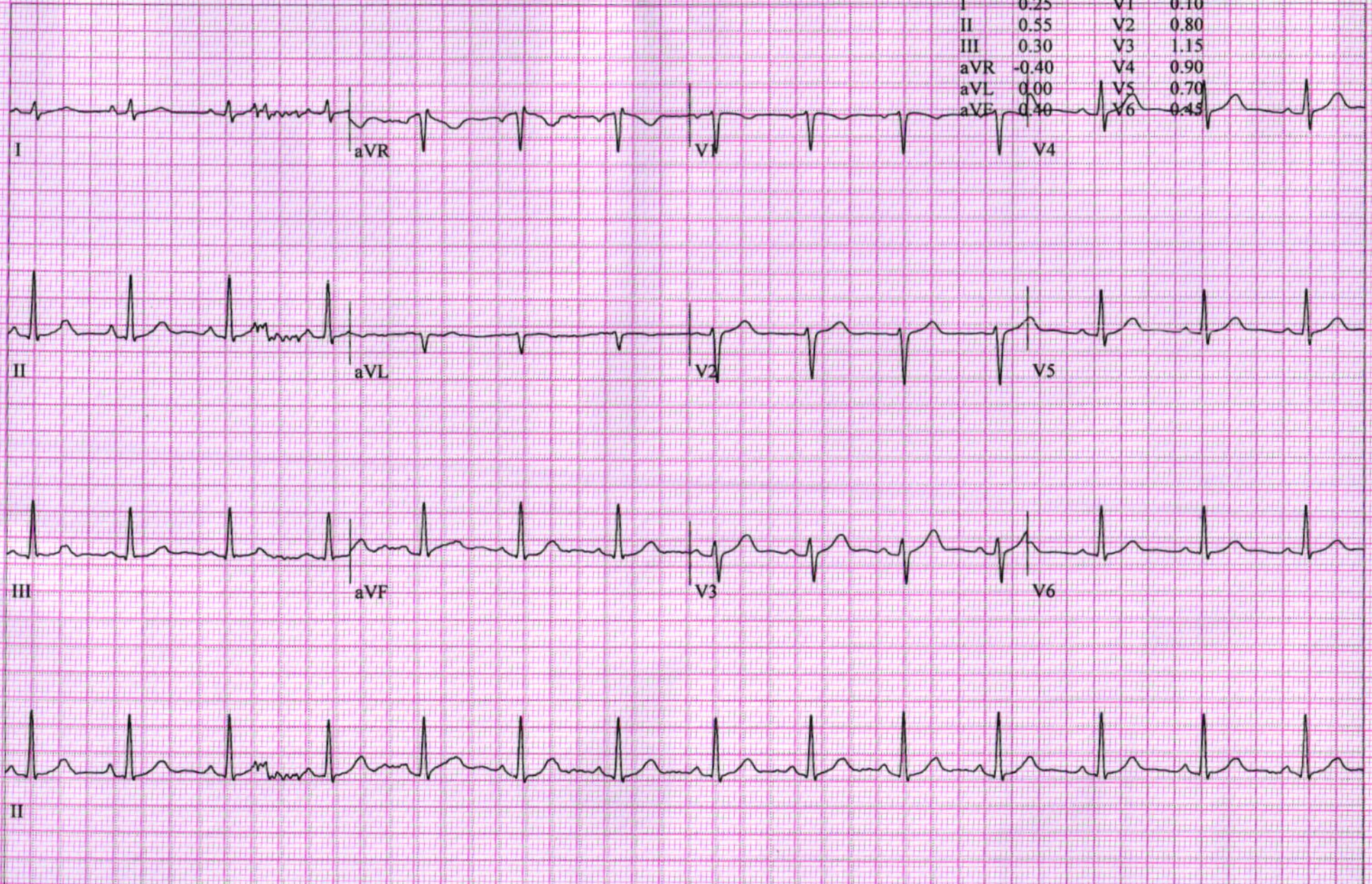
PRETEST  
STANDING  
00:17

BRUCE  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.25	V1	0.10
II	0.55	V2	0.80
III	0.30	V3	1.15
aVR	-0.40	V4	0.90
aVL	0.00	V5	0.70
aVF	0.40	V6	0.45





DIPAK PARMAR,  
Patient ID 97555  
16.03.2023  
12:25:06

12-Lead Report

EXERCISE  
STAGE I  
02:14

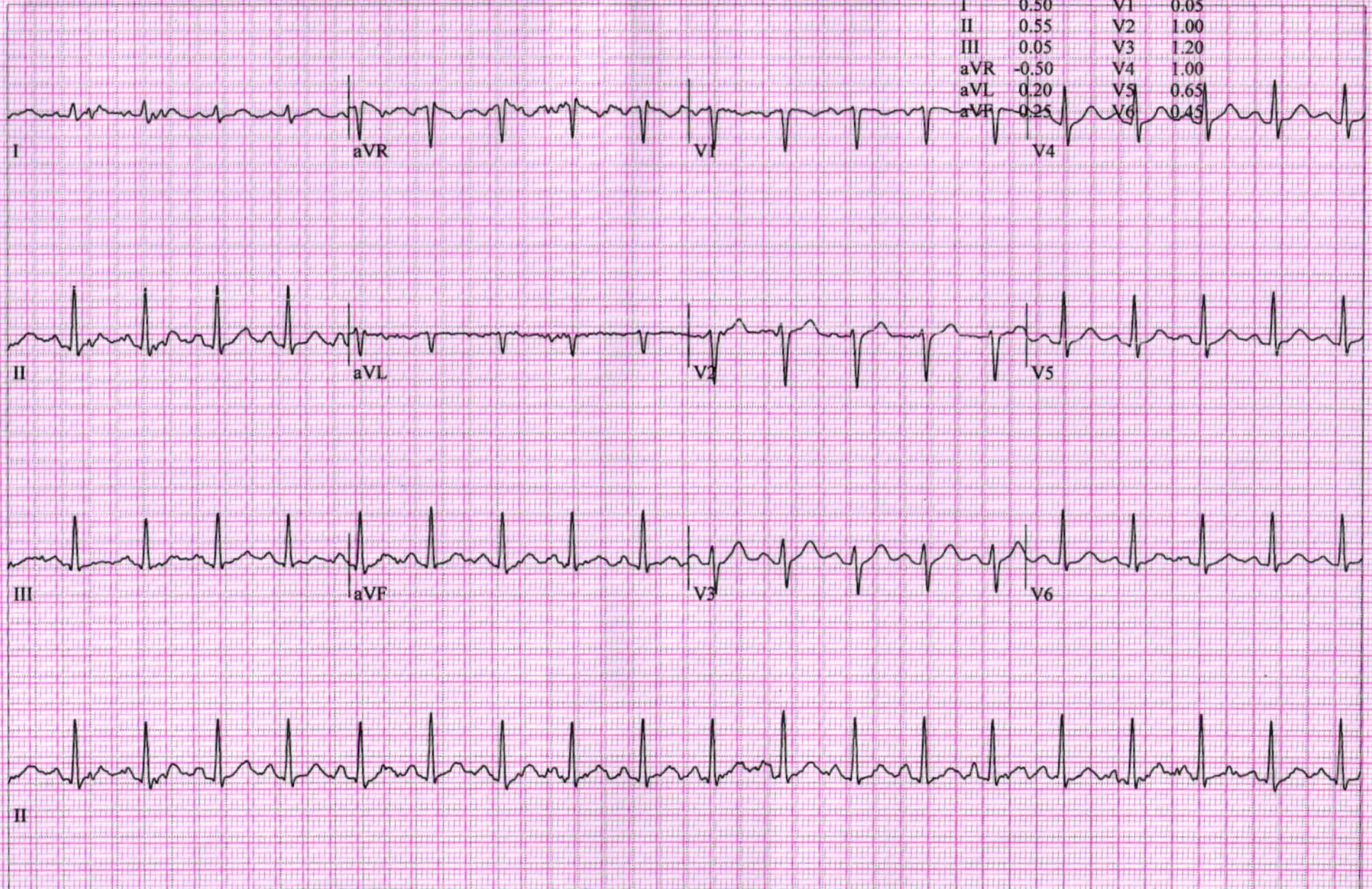
BRUCE  
2.7 km/h  
0.0 %

SHALBY HOSPITAL

115 bpm  
130/80 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.50	V1	0.05
II	0.55	V2	1.00
III	0.05	V3	1.20
aVR	-0.50	V4	1.00
aVL	0.20	V5	0.65
aVF	0.25	V6	0.45





DIPAK PARMAR,  
Patient ID 97555  
16.03.2023  
12:27:57

166 bpm

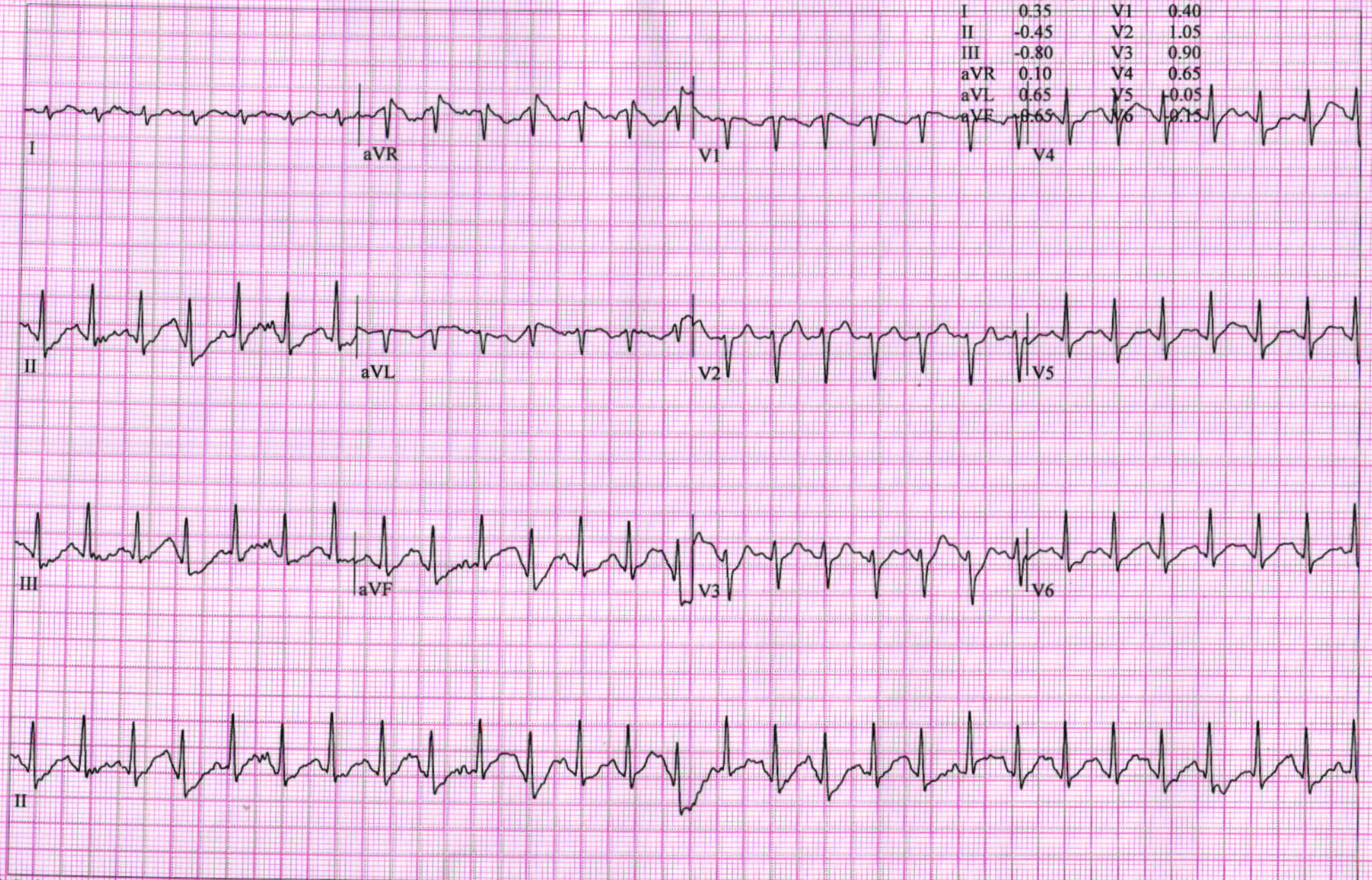
12-Lead Report  
EXERCISE  
STAGE 2  
05:06

BRUCE  
4.0 km/h  
12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.35	V1	0.40
II	-0.45	V2	1.05
III	-0.80	V3	0.90
aVR	0.10	V4	0.65
aVL	0.65	V5	0.05
aVF	0.65	V6	0.15





DIPAK PARMAR,  
Patient ID 97555  
16.03.2023  
12:29:19

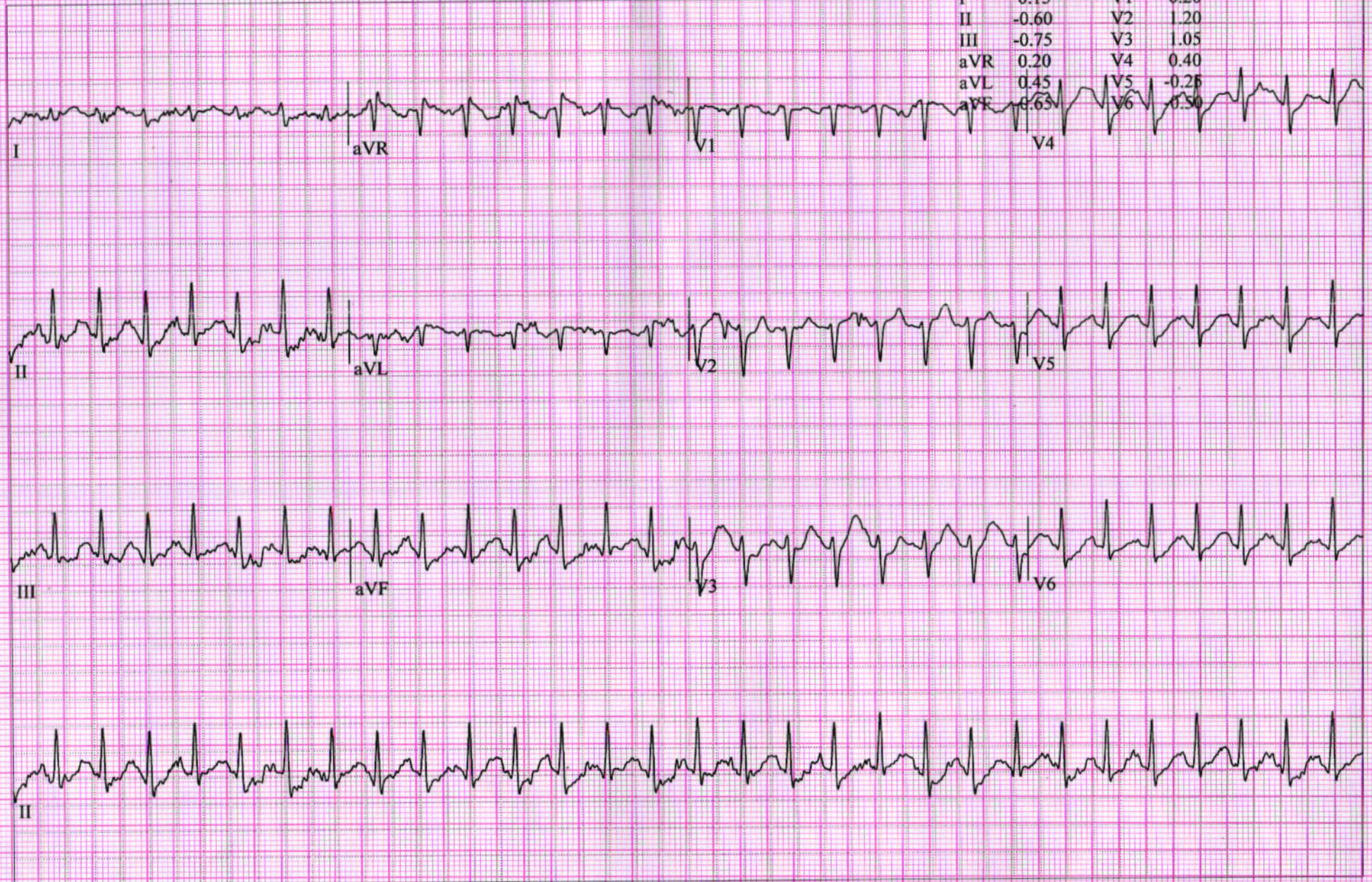
179 bpm  
150/80 mmHg

12-Lead Report ( PEAK EXERCISE )  
EXERCISE STAGE 3  
06:28  
BRUCE  
5.4 km/h  
14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.20
II	-0.60	V2	1.20
III	-0.75	V3	1.05
aVR	0.20	V4	0.40
aVL	0.45	V5	-0.25
aVF	0.65	V6	0.50





DIPAK PARMAR,  
Patient ID 97555  
16.03.2023  
12:30:08

139 bpm

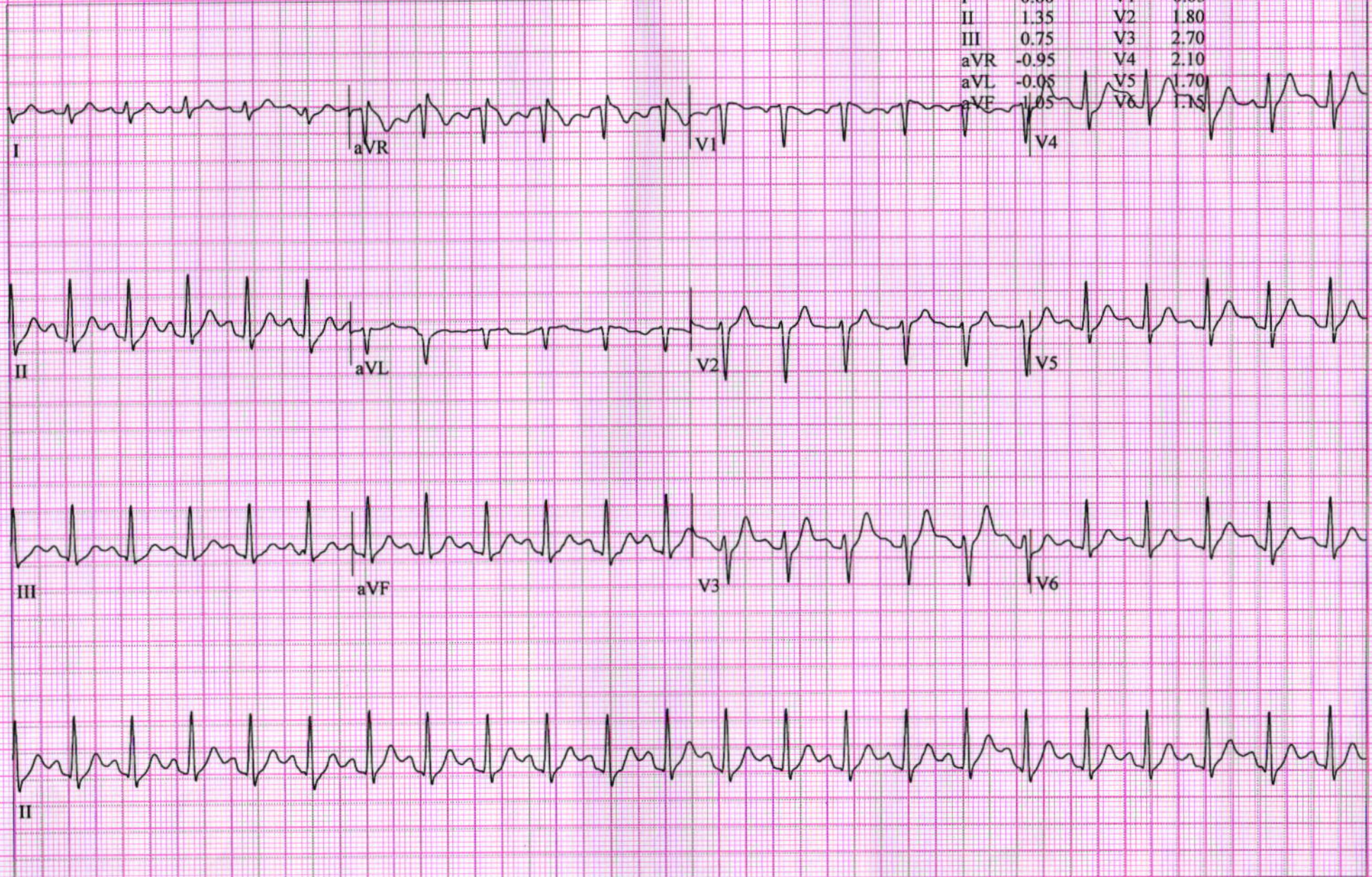
12-Lead Report  
RECOVERY  
#1  
00:50

BRUCE  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.60	V1	-0.05
II	1.35	V2	1.80
III	0.75	V3	2.70
aVR	-0.95	V4	2.10
aVL	-0.05	V5	1.70
aVF	1.05	V6	1.75

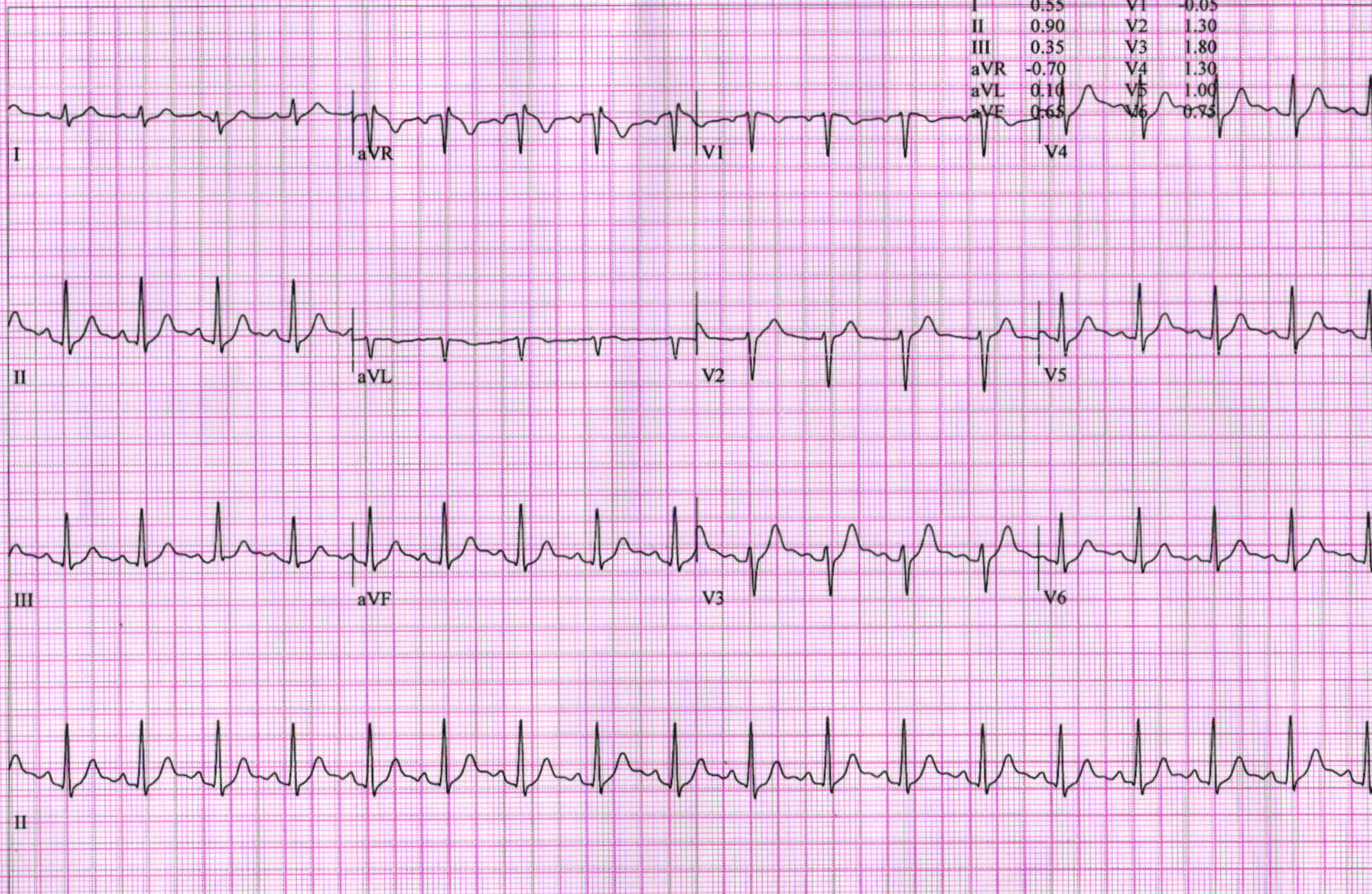




108 bpm  
140/80 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	-0.05
II	0.90	V2	1.30
III	0.35	V3	1.80
aVR	-0.70	V4	1.30
aVL	0.10	V5	1.00
aVF	0.65	V6	0.75





DIPAK PARMAR,  
Patient ID 97555  
16.03.2023  
12:32:08

109 bpm  
130/80 mmHg

12-Lead Report

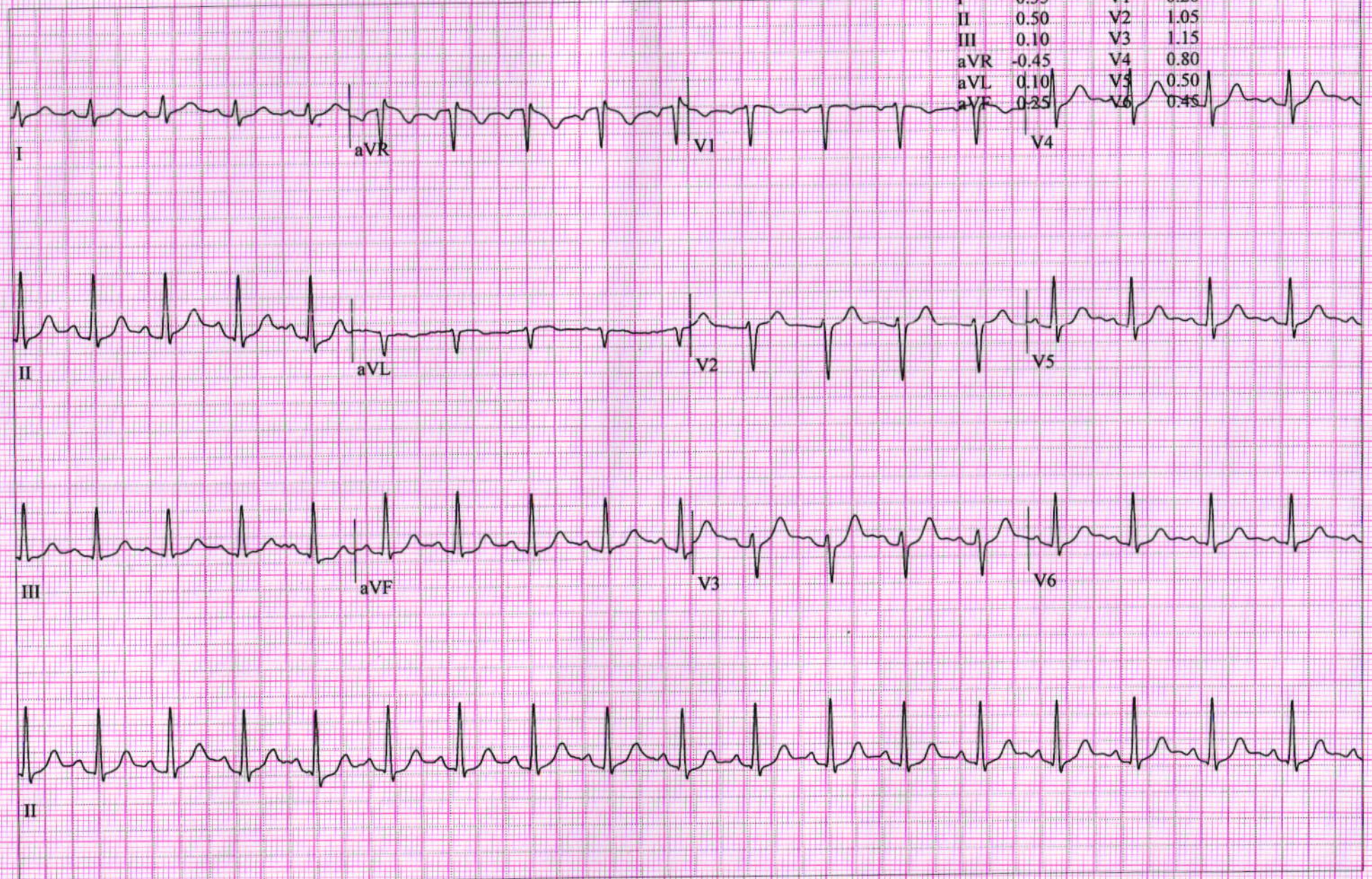
RECOVERY  
#1  
02:50

BRUCE  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.20
II	0.50	V2	1.05
III	0.10	V3	1.15
aVR	-0.45	V4	0.80
aVL	0.10	V5	0.50
aVF	0.25	V6	0.45





Pre - op

Post- op

Health Check-up

Date : 16/3/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Dipak B. Parmar

Age / Sex : \_\_\_\_\_

Address : \_\_\_\_\_

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : steron+, calceolus+

**On Examination :**

Abscess : \_\_\_\_\_

Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_

Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_

Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sittings 1  2  3  Deep

Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_

Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_

Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_

Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_

Crown & Bridge : \_\_\_\_\_

Present : \_\_\_\_\_



Patient's Name: Mr. Dipak Parmar

Age: 39 yrs/ male

Date: 16 / 03 / 2023

**ECHOCARDIOGRAPHY REPORT**

**Valves**

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

**Chambers**

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:19

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
Normal Diastolic Flow Pattern.

**Septae**

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:14 mm with more than 50% collapsibility.

**OTHER FINDINGS : Bilateral lung angle clear**

**CONCLUSION:**

- Normal LV Systolic function
- No RWMA
- EF 60 %



**DR.SUSHIL YADAV**  
Consultant Clinical cardiologist

**Note : Normal echo study does not rule out underlying Coronary artery disease**

**SHALBY HOSPITAL, SURAT**

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph. : 0261-7190000 | Email : info.surat@shalby.org.

**SHALBY LIMITED**

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Tel: 079 40203000 | Fax : 079 40203109 | info.sg@shalby.org | www.shalby.org | CIN : L85110GJ2004PLC044667

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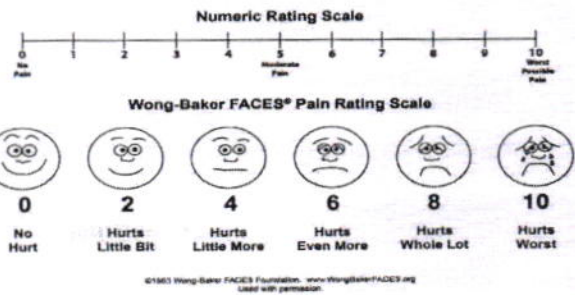
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- *Dipak Parmar*

Date:- *16/3/23*

Chief Complaints:-

*NLC*



Pain Assessment:-

Past History:-

*- DAD -*

Family History:-

Allergy:-

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- *6/6*

PH Vision:-

NCT *11 mm of hg*

ON Examination Ant. Segmenet Both Eye

*- WNL -*

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Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

BE  
WDR

Investigation:-

Treatment:- ELO! Refresh Tear 7Ds

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

*Rans*  
Signature of the Consultant



**DR. NIKITA PATEL**  
M.B.B.S, M.S (ENT SURGEON)  
EMAIL : nikitapatel93@quclock.com  
Mo. No.:- +919712993275  
Regi. No. G-57620

**Shalby ENT Clinic**

Name:- *Dr. Raksha*

Age :-

Date:- *16/03/23*

Chief Complaints:-

*Cl. Throat Pain*

Weight:-

Height:-

OPR NO:-

Past History :-

Family History:-

Systemic Examination:-

*OC  
throat (Pharyngitis)  
⊕*

Provisional Diagnosis:-

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Treatment and further advices:-  
(Write in Capital Letters)

Investigation Advised:-

Rx

1. Angomelin (625)

1. DAIU-P

1. Pantop

→  
→  
→ } x 5  
Days

Wd

Follow Up:

Date: \_\_\_\_\_

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.