

### Consultant Physician Clinic

Patient Name:- *Surva Surva*

Age / Sex :- *35yrs female*

Chief Complaints:-

*- Pt was  
cp. cp vomiting*

### OPR NO:

Date: *26/10/24*

Weight: *56.3kg*

Height: *158cm*

BMI: *22.6*

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :- *+*

*→ TAB Trypanom (Usly) 120*

Family History:-

Systemic Examination:-

*- Rx*

Pulse: *94b/min*  
BP: *100/60mmHg*  
SpO2: *99%*

Provisional Diagnosis:

### SHALBY HOSPITAL, SURAT

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Adv

OTR/VIN ATATK spray

—————  
100 100

→ TAB LEVOCIT - m

15 days

100

100 - 3 days


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PID : SUR0000373783 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Suvra . Saha	/	Registered On : 26-Oct-2024 09:29 AM
Lab ID : 410902004		Collected On : 26-Oct-2024 08:58 AM
Gender/Age : Female / 35 Years	DOB : 20-May-1989	Received On : 26-Oct-2024 09:36 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD COUNT AND INDICIES**

HAEMOGLOBIN	Colorimetric Non Cyanide	12.2	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	3.98	mill/cmm	3.8 - 4.8
HCT	Calculated	37.6	%	38 - 46
MCV	Calculated based on the RBC histogram	94.4	fL	83 - 101
MCH	Calculated	30.7	pg	27 - 32
MCHC	Calculated	32.5	g/dL	31.5 - 34.5
RDW	Calculated	12.7	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	10150	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	79	%	40 - 80
LYMPHOCYTES	Flow Cytometry	16	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	107000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	14.4	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs Normochromic and Normocytic.

WBCs Total and differential leucocyte counts are within normal limit.

PLATELETS Mildly Reduced on smear examination, Occasional large platelets seen.

MALARIAL PARASITE Malarial parasites are not seen on smear examination.

PLATELET COUNT (MANUAL ) 120000 /cmm 150000 - 500000

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Dr Pankaj Agrawal

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

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Sample Type : EDTA Whole Blood

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Parameter

Result

Unit

Biological Ref. Interval

**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE ✓

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<b>ESR 1st hour</b> <i>Modified Westergren Method</i>	10	mm in 1 hour	0 - 20
<b>HbA1C</b> <i>Germatek Alinity Assay</i>	5.3	%	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
<b>Estimated Average Glucose (eAG) (mg/dL)</b> <i>Calculated</i>	105	mg/dL	

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Lab ID : 410902004		Collected On : 26-Oct-2024 08:58 AM
Gender/Age : Female / 35 Years	DOB : 20-May-1989	Received On : 26-Oct-2024 09:41 AM
Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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**PLASMA GLUCOSE LEVEL**
**FASTING PLASMA GLUCOSE**

<b>Plasma Glucose (F)</b>	94	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase) Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	125	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase) Colorimetric

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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## LIPID PROFILE

## LIPID PROFILE

## Cholesterol

168

mg/dL

Desirable: &lt;200

Borderline High: 200 - 239

High &gt;=240

Cholesterol-Esterase: Oxidase: Phosphatase

## SERUM TRIGLYCERIDE

214

mg/dL

Normal : &lt;150

Borderline High : 150-199

High : 200-499

Very High : &gt; 500

Lipase/Glycerol/PO

## HDL CHOLESTEROL DIRECT

78

mg/dL

Major risk factor for heart disease : &lt; 40

Negative risk factor for heart disease : &gt;= 60

Phosphatidyl Acetyl/PCoL - Enzymatic

## Non HDL Cholesterol

90

mg/dL

Optimal - &lt;130

Desirable : 130-159

Borderline high : 159-189

High : 189-220

Very High : &gt;=220

Calculated

## LDL Cholesterol

47

mg/dL

Optimal: &lt;100

Near to above Optimal: 100 - 129

Calculated

## VLDL

43

mg/dL

6 - 38

Calculated

## LDL/dHDL

0.6

2.5 - 3.5

Calculated

## Chol/dHDL

2.2

Ratio

3.5 - 5.0

Calculated

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	Health Check Up Shalby		Sample Type	: Serum

Parameter	Result	Unit	Biological Ref. Interval
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**THYROID PROFILE (TFT)**

<b>Total T3</b>	108	ng/dL	87 - 178
<small>Chemiluminescence immunoassay (CLIA)</small>			
<b>Total T4</b>	8.65	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<small>Chemiluminescence immunoassay (CLIA)</small>			
<b>TSH</b>	4.230	µIU/mL	Non Pregnant Females: 0.38- 5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL
<small>Chemiluminescence immunoassay (CLIA)</small>			

0.3 - 5.5  
0.1 - 2

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% .hence

time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST****NABL Accredited Parameters****Urea Nitrogen (BUN)**

11

mg/dL

7 - 17

Urease, colorimetric

**UREA**

24

mg/dL

15 - 36

Calculates

**Creatinine**

0.73

mg/dL

0.52 - 1.04

Enzymatic - Creatinine aminolyticase

**S. URIC ACID**

4.8

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

**Calcium**

10.0

mg/dL

8.4 - 10.2

Arsenazo III dye

**Sodium**

141

mmol/L

137 - 145

Direct Ion Selective Electrode

**S. POTASSIUM**

3.4

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

**Chloride**

105

mmol/L

98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
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## BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

4.6

mg/dL

2.5 - 4.5

*Phosphomolybdate reduction (PMA Phosol)*

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Gender/Age : Female / 35 Years

DOB : 20-May-1989

Received On : 26-Oct-2024 09:46 AM

Ref. By : 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>			
Glucose	<i>Glucose oxidase/ peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of haemoglobin</i> Negative		Negative
pH	<i>Oxalate Indicator principle</i> 5.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Oxidation reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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### Liver Function Test

#### Liver Function Test

**SGPT (ALT)**

38

U/L

9 - 52

Multi Point Rate with P-S-P

**SGOT (AST)**

33

U/L

14 - 36

Multi Point Rate with P-S-P

**Alkaline Phosphatase**

72

U/L

 20-50 yrs.: 42 - 98  
 4-19 yr : 54 - 369  
 >=51 yr : 56 - 119

IMPH, AMP Buffer

**GGT**

18

U/L

12 - 43

L-gamma-glutamyl 4-nitrobenzoyl-L-glutamate Kinetic

**S. PROTEIN**

7.2

g/dL

6.3 - 8.2

Suret (Alkaline cupric sulfate), End Point

**Albumin**

3.8

g/dL

3.5 - 5.0

Bromocresol Green (BCG) Colorimetric

**S. GLOBULIN**

3.4

g/dL

2.3 - 3.6

Calculated

**A/G Ratio**

1.1

Ratio

1.0 - 2.3

Calculated

**Bilirubin Total**

0.2

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

Azobillurubin/Dipigiline/Diazotium Salt

Adult : 0.2 - 1.3

**Bilirubin Unconjugated**

0.0

mg/dL

 Unconjugated bilirubin  
 Adults: 0.0-1.1  
 Neonates: 0.6-10.5

End-point Colorimetric (Dual wavelength) spectrophotometric

**Bilirubin Direct**

0.2

mg/dL

 Conjugated bilirubin and  
 Delta bilirubin (Bilirubin  
 covalently bound to albumin)  
 0.0-0.4

Calculated

End of Report

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 Consulting Pathologist

Patient ID:	SUR0000373783	Patient Name:	SUVRA SAHA
Age:	35 Years	Sex:	F
Accession Number:	10658 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Oct-2024		

**CHEST X-RAY (PA)**

Prominent bronchovascular markings bilaterally.

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:**

- Prominent bronchovascular markings bilaterally.

*Thanks for referral.*

  
DR. NITIN DESAI  
CONSULTANT RADIOLOGIST

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**DR. HIMANI THAKER (VYAS)**

M.S (Gynec)  
Consultant Obstetrician & Gynecologist  
Laparoscopic Surgeon  
Infertility Specialist  
Email-ID:- thaker.himani@gmail.com  
Register No. G-31062

### Shalby Women's Health Clinic

Name:- *Suvra saha*  
Chief Complaints:-

Date: *26/10/24*  
Weight:-  
Height:-  
OPR NO:-

- Nutritional Assessment:-
- Obese
  - Well Nourished
  - Mild-Moderate Nourished
  - Severely Mal-Nourished

*Uo-vit.*

LMP:- *13/10/24*

M/H:- *period - 3-4 day then*  
*30*

O/H:-  
*O/H - A4*

P/H:-  
E/H  
Examination:-  
*Frus / ♀ / 540/4*

*PLA - soft*

Provisional Diagnosis:-

*Pts - Co healthy*  
*PAB taken*

Patient Name: SUVRA . SAHA	UHID: SUR0000373783
Age / Sex: 35 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 26.10.2024

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

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

Left kidney it 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.

Uterus appears normal in size. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

**IMPRESSION:**

- No significant abnormality detected.

Thanks for referrals.

  
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**DR. RUJUTA SHELAT**

Consultant Ophthalmologists

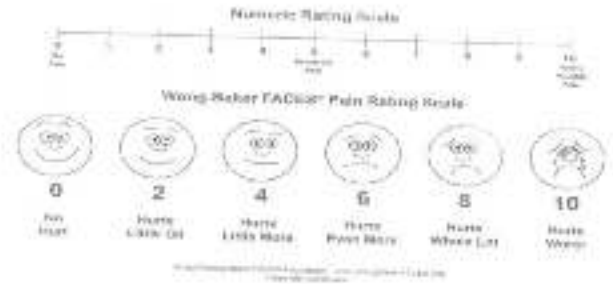
Reg. No.:- G-48712

Name:- *Suvra Saha*

Date:- *26-10-24*

Chief Complaints:-

- N/A to recent eye complaints.
- Came for regular eye checkup



Pain Assessment:-

Past History:- *Nil*

Family History:-

Allergy:- *Not aware of.*

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

General Examination:-

BP: - Pulse: - Temp: -

Systemic Examination:-

HT: - *Nil* WT: - *Nil*  
TH: *since 5 years ↓ Rx*

Visual Acuity: - *< 6/9*  
*& out perip < 6/9*

PH Vision:- *< 6/6*

NCT *< 12*  
*13*

R: - *0.50 Dsph*  
ST: L: - *0.50 Dsph* } *6/6*

ON Examination

Ant. Segment Both Eye

*CONL*

*PACD = 1CT*

*CONL*

PME  
ICT 27 2023 10:54

D=10		
SPH	CYL	AX
-0.50	-0.25	82
-0.50	-0.25	84
-0.50	-0.50	79
-0.50	-0.25	82

L		
SPH	CYL	AX
-0.25	-0.50	7
-0.25	-0.50	7
0.00	0.00	
-0.25	-0.50	2

D=64

irensel@o.com  
R-3300 S/N: 76ER0962

Clear

Rt. EYE

ONL

Eleo

Anterior Chamber

Lt. EYE

Investigation:-

Background:-

Macula:-

Diagnosis:-

- BE : Simple myopia

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant

DR. Rujuta Shet



SHALBY HOSPITAL  
NR. NAVYUG COLLEGE, RANDEK ROAD  
SURAT

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: SURVA SAHA,  
Patient ID: 373783  
Height:  
Weight:

DOB: 20.05.1989  
Age: 35yrs  
Gender: Female  
Race: Asian

Study Date: 26.10.2024  
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 (b/min)	BP (mmHg)	Comment
PRETEST	SUPINE	00:02	0.80	0.00	134	100/60	
EXERCISE	STAGE 1	01:00	2.70	10.00	146	100/60	
	STAGE 2	03:00	4.00	12.50	142	120/80	
	STAGE 3	01:25	5.40	14.50	156	140/80	
RECOVERY		02:15	0.00	0.00		140/80	

The patient exercised according to the BRUCE for 7:24 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 126 bpm, rose to a maximal heart rate of 166 bpm. This value represents 89% of the maximal, age-predicted heart rate. The resting blood pressure of 100/60 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

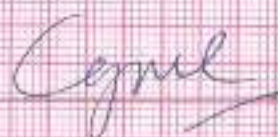
### Interpretation

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



SURYA SAMA,  
Patient ID: 525785  
26/10/2024  
10:30:52

Female  
35yrs Asian  
Medi

Test Report:  
Medical History:

Ref: MJD - Ordering MD  
Exclusion: Test Type  
Comment:

PRUECE: Total Exercise Time: 07:24  
Max HR: 166 bpm 89% of max predicted (187 bpm) HR at rest: 126  
Max BP: 140/80 mmHg BP at rest: 100/60 Max RPP: 22960 mmHg\* bpm  
Maximum Workload: 16.06 METS  
Max ST: -0.80 mm, 600 mV/s in LE EXERCISE STAGE 2: 05:30  
Arrhythmia: A-FLY, PVCs, PSVCL, PERB12, PCAP:13  
SINER index: 1.25  $\mu$ 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  
Excursion Number: \*9\*

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	RPP (mmHg* bpm)	VL (l/min)	ST Level (mm)	Comment
PRETEST	STAGE	04:12	6.80	0.00	1.3	134	16000	0	-0.05	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	146	14600	0	-0.05	
	STAGE 2	03:00	4.80	12.00	7.0	142	17040	0	-0.95	
	STAGE 3	01:25	5.40	14.00	10.0	160	25240	0	-0.20	
RECOVERY		02:15	0.00	0.00	1.0	140/80		0	-	



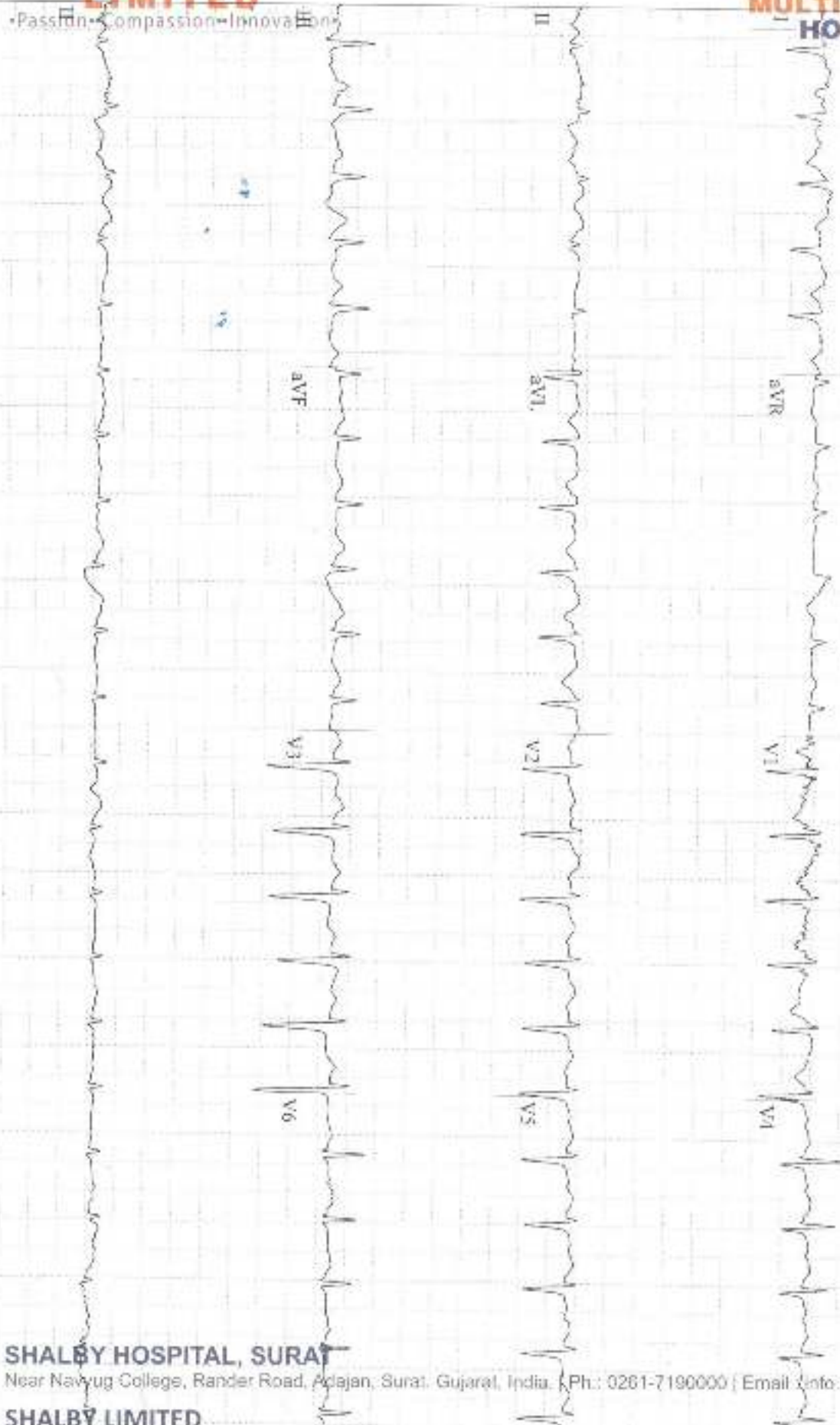
133 bpm  
100/60 mmHg

12-Lead Report  
PRTILST  
SUPINE  
04:26

BRICE  
0.0 km/h  
0.0 %

Passion • Compassion • Innovation

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 501 Hz 0.01 - 20 Hz S1 HR(V3,V4)



Start of Test: 10:30:52

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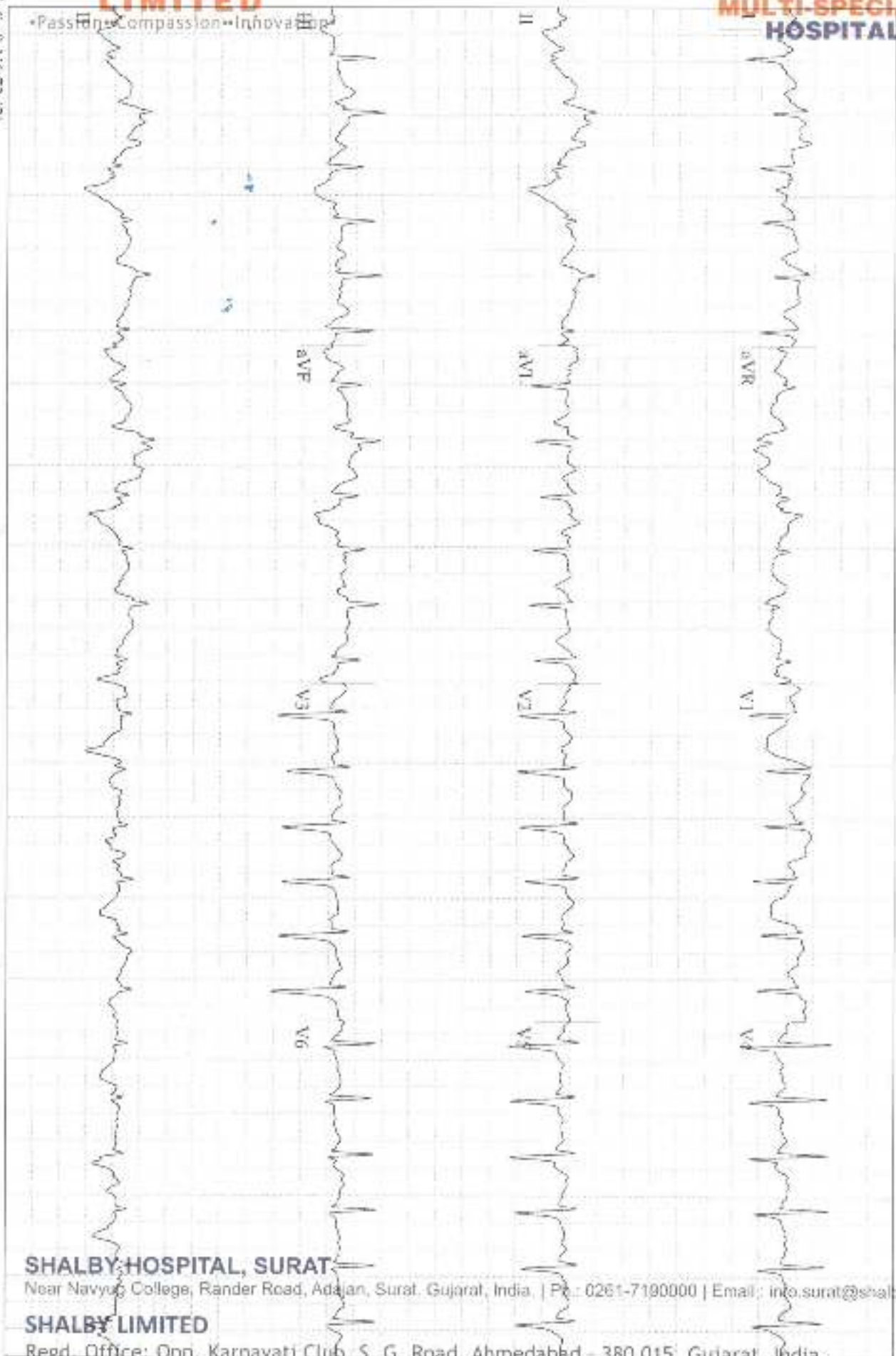
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12-1 and Report  
EXERCISE  
STAGE 1  
150 bpm  
100/60 mmHg  
02:50

BRUCL  
2.7 km/h  
10.0 %

• Passion • Compassion • Innovation



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3,V4)

Start of Test: .30.2

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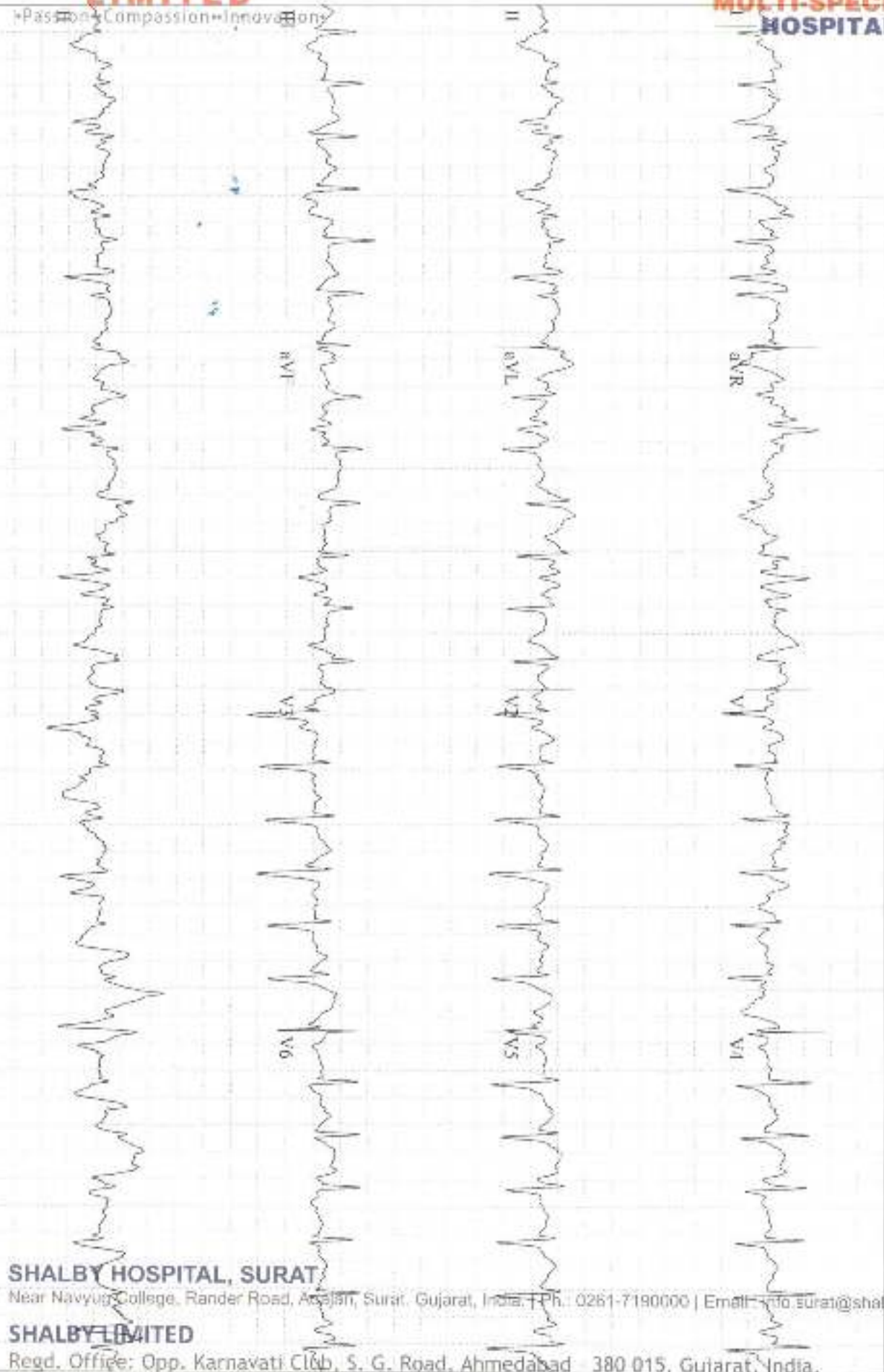
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12-lead Report  
EXERCISE  
STAGE 2  
05:50

BRUCE  
4.0 km/h  
12.0 %



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S - HR(V3,V4)

Start of Test: ...30.2

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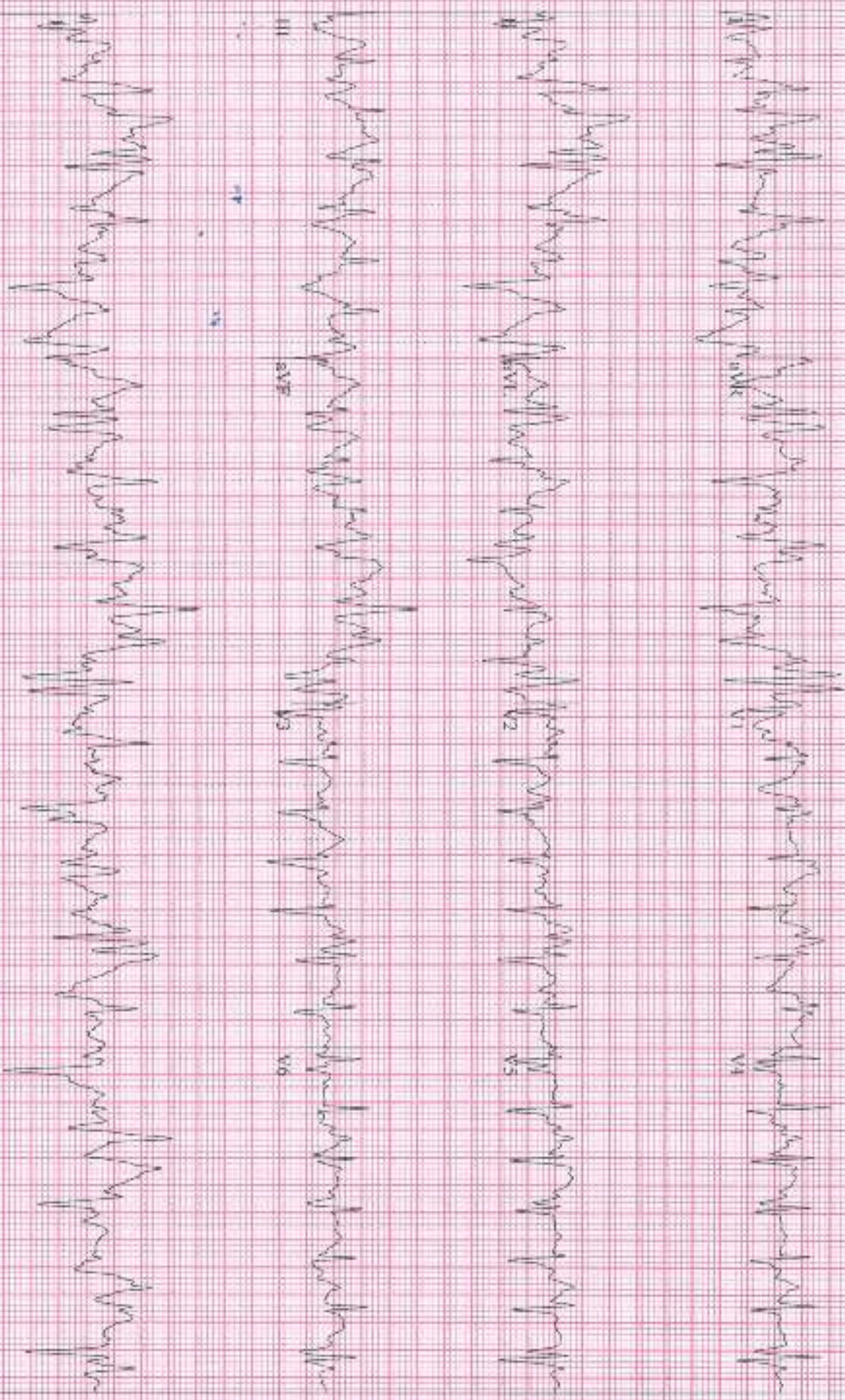
SERVA SATHI,  
Patient ID: 333785  
26/10/2014  
10:41:05

106 bpm  
140/89 mmHg

12-Lead Report (PEAK EXERCISE)  
EXERCISE  
STAGE 3  
07:28

HR:106  
SA:101  
EA:11%

SEALBY HOSPITAL







Pre - op

Post- op

Health Check-up

Date : 26/10/24

Patient Reg. No. : 373783

Patient Name : Surtej Sahel

Age / Sex : 35 / F

Address : A + hevell no

**Complaints :**

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

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

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

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

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

**Medical History :**

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

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

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

Any Medication : Thyroid

**On Examination :**

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

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

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

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : 5/5 Class V Fillings : \_\_\_\_\_

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

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

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

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

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :


**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv. Scaling

Restoration 5/5

*Dr. Darshini V. Shah*

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)

ID:   
 Nimis:

Sex: M   
 cm   
 kg

Birth date: / /   
 mm/iz

years

1100 Sinus   
 0102 ARTIFACT PRESENT   
 9110 \*\* normal ECG \*\*

SUN RA Saha 35 ifemale

Indications:   
 Symptoms:   
 History:   
 heart rate 95 bpm   
 PR int 178 ms   
 PRS dur 94 ms   
 JT/QTc(E) int 358/ 411 ms   
 P/QRS/T axis 58/ -07/ -37 °   
 RV5/SVI amp 1.47/ 0.78 mV   
 RV5+SVI amp 2.25 mV

Unconfirmed Report   
 Reviewed by:   
 

