

OPR NO:

Patient Name:- Roodeep Kumar  
Age / Sex :- 42 yrs / M  
Chief Complaints:-

Nil

Date: 18/11/23  
Weight:- 82.61 kg  
Height:- 174 cm  
BMI:- 27.3

Nutritional assessment:-

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

Drug / Food Allergy:- NADA

Past History :-

Nil

Family History:- Nil  
Systemic Examination:-

NAD.

Provisional Diagnosis: Prediabetes / DWP / Overweight.

Pulse:- 73 bpm  
BP:- 140/90  
SpO2:- 97%

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

Investigation :-

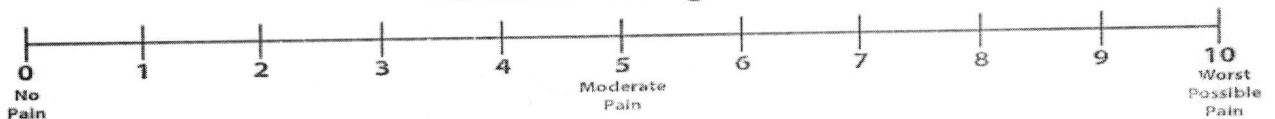
Treatment and further advices:-  
(Write in Capital Letters)

- Rx
- Tab. Cardisase (10mg) TID x 3 months.
  - Tab. Myomi-D OD x 30 days.

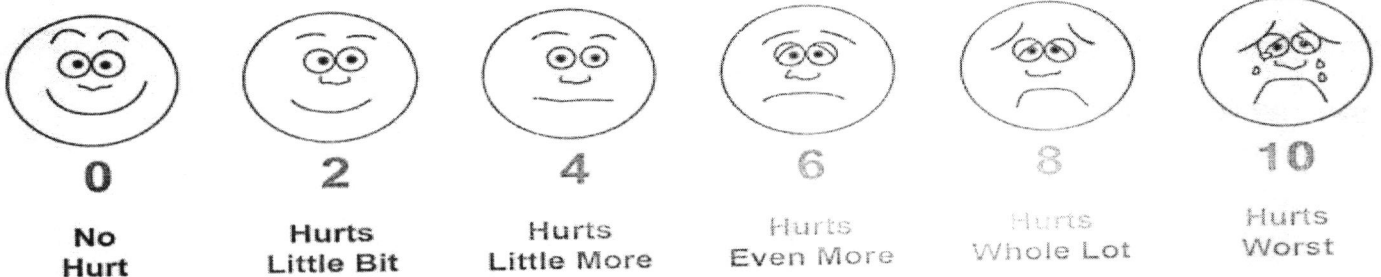
Follow Up Date:- S. lipid profile x 3 months  
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale





Certificate No. : MC-5200

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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000335204 OP-001

REPORT STATUS : Interim



Patient Name : Mr Pradeep Kumar	/	Registered On : 18-Feb-2023 09:27 AM
Lab ID : 302901284		Collected On : 18-Feb-2023 09:27 AM
Gender/Age : Male / 42 Years	DOB : 15-Aug-1980	Received On : 18-Feb-2023 09:50 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.8	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.22	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	46.5	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	89.0	fL	83 - 101
MCH <i>Calculated</i>	28.4	pg	27 - 32
MCHC <i>Calculated</i>	31.9	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	14.3	%	13.3 - 18.3
<b>TOTAL LEUCOCYTE COUNT</b>			
Total WBC Count <i>Electrical Impedance</i>	5950	cells/cmm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</b>			
NEUTROPHILS <i>Flow Cytometry</i>	66	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	26	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	6	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
<b>PLATELET INDICES</b>			
PLATELET COUNT <i>Electrical Impedance</i>	285000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.4	fL	7.5 - 12.0
<b>PERIPHERAL SMEAR EXAMINATION</b>			
RBCs	Normochromic and Normocytic.		
WBCs	Total and differential leucocyte counts are within normal limit		
PLATELETs	Adequate in number and normal in morphology.		
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.		

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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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

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

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE

ESR 1st hour \*

5

mm in 1 hour 0 - 15

Modified Westergren Method

**HBA1C**

HbA1c - Glycated Haemoglobin \*

5.7

%

Boronate Affinity Assay

Non-diabetic: &lt;= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: &gt;= 6.5

Therapeutic goals for glycemic control

Age &gt; 19 years Goal of therapy:

&lt; 7.0 Action suggested: &gt; 8.0

Age &lt; 19 years Goal of therapy:

&lt;7.5

Estimated Average Glucose (eAG) (mg/dL) \* 117 mg/dL

Calculated

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum, Urine (PP), Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
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### PLASMA GLUCOSE LEVEL

#### FASTING PLASMA GLUCOSE

<b>Plasma Glucose (F)</b>	98	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>	113	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 : 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>	174	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	56	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>	30	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	144	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	133	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>	11	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	4.4		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	5.8	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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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>	8	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	17	mg/dL	19 - 43
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.61	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	4.0	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.9	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.8	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.29	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

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DOB : 15-Aug-1980

Received On : 18-Feb-2023 12:00 PM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

## IMMUNOLOGY

Total T3 \*

99

ng/dL

87 - 178

Chemiluminescence immunoassay (CLIA)

Total T4 \*

8.56

µg/dL

6.09 - 12.23

Chemiluminescence immunoassay (CLIA)

TSH \*

1.54

µIU/mL

0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

## INTERPRETATION:

1. The principal clinical use for hTSH measurement is for the assessment of thyroid status.
2. In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - 1) exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - 2) monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - 3) follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - 4) assess the response to TRH stimulation testing.
3. As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Gender/Age : Male / 42 Years

DOB : 15-Aug-1980

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

**PROSTATE SPECIFIC ANTIGEN \***

1.2

ng/mL

0.0 - 4.0

*Chemiluminescence immunoassay (CLIA)***Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

**Note:**

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

**Recommended Testing Intervals:**

Pre-operatively ( Baseline)

2-4 days post-operatively

Prior to discharge from hospital

Monthly followup if levels are high or show a rising trend

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Gender/Age : Male / 42 Years	DOB : 15-Aug-1980	Received On : 18-Feb-2023 09:51 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>	6.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.015	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	2-3/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**Liver Function Test****Liver Function Test****SGPT (ALT)**

22

U/L

21 - 72

*Multi Point Rate with P-5-P***SGOT (AST)**

16

U/L

17 - 59

*Multi Point Rate with P-5-P***Alkaline Phosphatase**

78

U/L

20-50 yrs : 53 - 128  
4-19 yr : 54 - 369  
>=51 yr : 56 - 119*PNPP, AMP Buffer***GGT \***

21

U/L

15 - 73

*L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic***S. PROTEIN**

6.6

g/dL

6.3 - 8.2

*Biuret (Alkaline cupric sulfate), End Point***Albumin**

4.4

g/dL

3.5 - 5.0

*Bromocresol Green (BCG), Colorimetric***S. GLOBULIN**

2.2

g/dL

2.3 - 3.6

*Calculated***A/G Ratio**

2.0

Ratio

1.0 - 2.3

*Calculated***Bilirubin Total**

1.0

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

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

**Bilirubin Unconjugated**

1.0

mg/dL

*End-point Colorimetric (Dual wavelength spectrophotometric)***BILIRUBIN DIRECT**

0.0

mg/dL

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

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

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Generated On : 18-Feb-2023 12:44 PM

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Patient ID:	SUR000001920	Patient Name:	PRADEEP KUMAR
Age:	42 Years	Sex:	M
Accession Number:	1920	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	18-Feb-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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**Patient's Name: Mr. Pradeep Kumar**

**Age: 42 yrs/ male**

**Date: 18 / 02 / 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**

(A Unit of Shalby Limited)

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India.

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CIN : L85110GJ2004PLC044667

**Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur Upcoming Hospitals : Mumbai - Nasik**

ID:  
Name:

Sex: M Birth date: / / years  
cm kg mmHg

Medication:

Symptoms:

History:

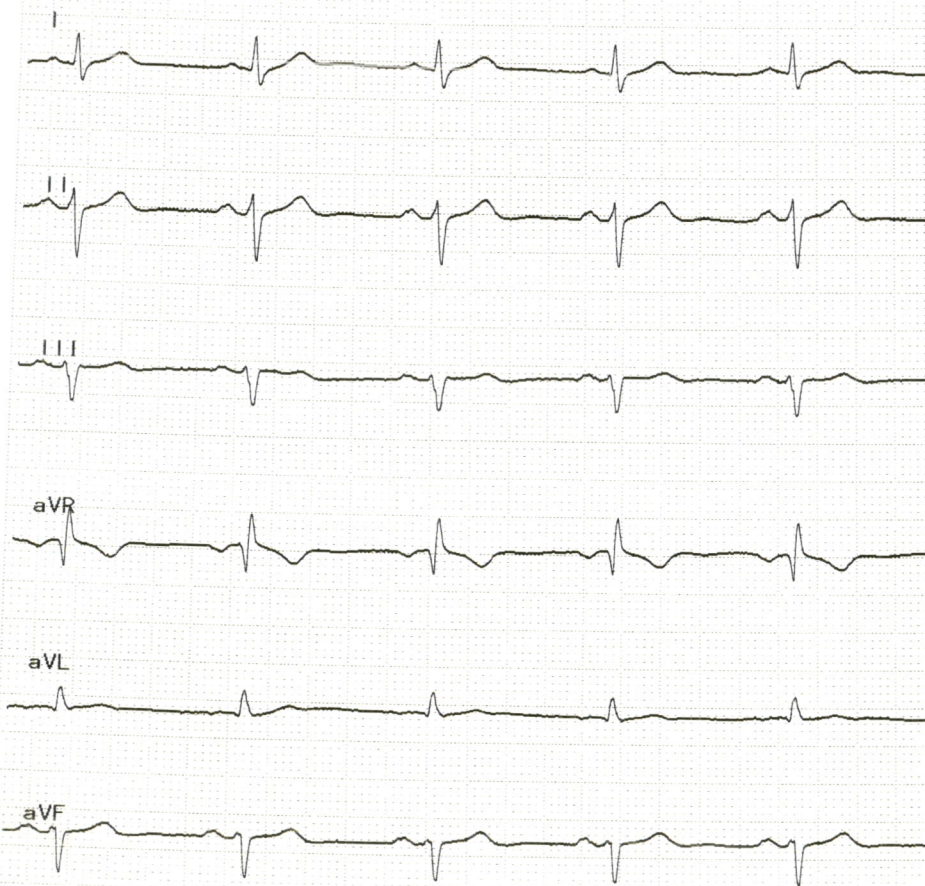
Heart rate	65	bpm
PR int	160	ms
QRS dur	114	ms
QT/QTc(E) int	374/ 385	ms
P/QRS/T axis	61/ -68/ 47	°
RV5/SV1 amp	1.30/ 0.37	mV
RV5+SV1 amp	1.67	mV

1100 Sinus rhythm  
 2630 Left anterior fascicular block  
 4038 Nonspecific ST elevation  
 9150 \*\* abnormal ECG \*\*

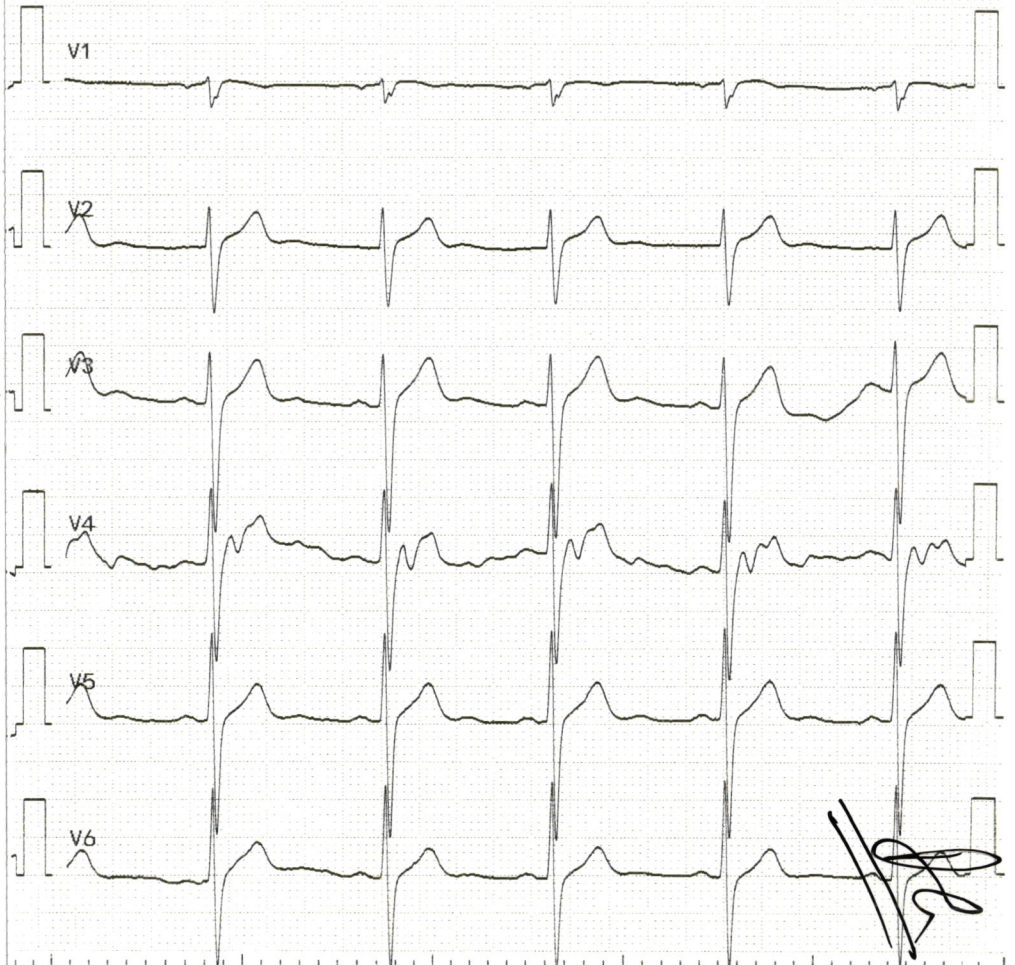
*pac deep*

Unconfirmed Report  
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz



10 mm/mV



Patient Name: Pradeep Kumar	
Age / Sex: 42 Yrs / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. Shalby Hospital	Date: 18/02/2023

**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. **MPD** appears in size. No mass lesion or calcification seen.

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

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

**Left kidney** appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.  
**Ureters** are not dilated.

**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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Pre - op

Post-op

Health Check-up

Date : 18/02/23

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

Patient Name : Pradeep Kumar

Age / Sex : 42/M

Address : Ankleshwar

**Complaints :**

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

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

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

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

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

**Medical History :**

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

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

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

Any Medication : sterin+ , celcelest

**On Examination :**

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

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

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

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

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

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

**Treatment Advised :**

Scaling : Sittings  1  2  3  Deep

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

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

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

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

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

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

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

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

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 per formed 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

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

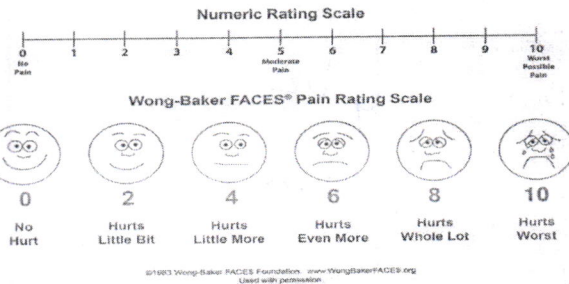
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- Pradeep Kuma

Date:- 18/2/23

Chief Complaints:-

NIC



Pain Assessment:-

Past History:-

- NAD -

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  
Eglasses

PH Vision:-

NCT 13 mm of hg

ON Examination Ant. Segment

Both Eye

- WNL -

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Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

RAM

Signature of the Consultant

Handwritten notes: BE, WNL

Investigation:-

Handwritten note: 2/19

Handwritten note: 2/19

Handwritten note: 2/19

Handwritten note: - JCIW