


DOCTORS' NOTES

gyneco

DATE & TIME	DOCTOR'S NOTES	SIGNATURE
<p>10/26/2024 am - 20</p> <p>=> fleg to nigan kain' in abd.</p> <p>=> hlo hernia on lypg dlar</p>	<p>Dr. Fauzi Amin</p> <p>- hys karyo done 4-5 yrs back Sajida (Dew hospital) C bagul hyst. was done</p> <p>No to request for after 6 ultra so. for cyst. sos in l/o of</p>	<p>hlo</p> <p>- hlo lypg o ro - hlo sulk ul (sue) o ro</p> <p>2 30 30</p> 



OPHTHALMIC REGISTRATION FORM



Reg. No. : CLM-2024-005359A

Date : 20-2-2024

Patient's Name : Majumdar, A. majumdar Age : 53

Address : _____

Telephone No. : _____ Mobile No. : _____

Referred by / Care of : _____

Profession : _____

Type or work in daily routine : Driving / Watching TV / Computer / Reading / _____

History / Complain of : Diminution of Vision / Pain / Watery / Redness / Eyeache / Headache / Itching /
poor eye sight Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia /
Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

Eye Involve : RE / LE / BE Duration : _____

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia /
Treatment NAD.

Any Surgery : Cataract / Glaucoma / NAD / RE / LE / BE

Family History : Glaucoma / RP / DM / _____

SYSTEMIC : DM / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL
NAD

EYE DETAILS :

V/A with PH 6/18 ^{RE} 6/6 ^{LE}

IOP 13 mmHg 12 mmHg

OWN GLASS : _____

AR : -1.00 x 5° +0.50 / +0.75 x 5°

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	—	-1.50	60°	+0.50	+0.75	5°
Nr. Add	+1.50		N6	+1.50		N6
Comp						

Remark : Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

Signature : [Signature]



DENTAL REGISTRATION FORM



Date & Time : 20-2-2024

Registration No. : CH-2024-0053594

Name : Meghrajiben A. Malwan Contact No. : _____
Age : 53 Emergency Contact No. : _____
Sex : F Address : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup

Family History :

- Diabetes
- Hypertension
- IHD
- Others (Specify) :

Habits : Tobacco

- Hypertension
- Diabetes
- Epilepsy
- Bleeding Disorder
- Smoking

Medical/Other History :

- IHD
- Asthma
- AIDS/HIV
- Pregnancy
- Other (Specify) :

- T.B.
- Hepatitis B
- Food Allergy
- Others (Specify) :
- Jaundice
- Hepatitis C
- Drug Allergy

સંમતિ પત્રક

હું ડાક્ટરને મારી સારવાર કરવાની મંજૂરી આપું છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઇજેક્શનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડાક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંબંધોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડાક્ટર કે ચારુસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : _____
સમય : _____

દર્દી / સગાની સહી

CONSENT

I hereby request and authorize Doctor to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date : _____
Time : _____

Patient's / Relative's Sign.

Investigation Advised : _____

Final Diagnosis : Missing 6 6/6

Treatment Plan : _____

Date : 10/2/24

Name of Doctor Dr. Meekwats

Time : _____

Signature : _____

Investigation/s Advised : _____

Provisional Diagnosis : _____

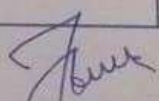
Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
	<p style="text-align: right;">Adv R</p> <p>⇒ Diet & exercise advised given</p> <hr/> <p>⇒ T. Roswas (10) oral</p> <p style="text-align: right;">→ <u>1 month</u></p> <hr/> <p>Surgeon opinion</p> <hr/> <p>Sib. Disorder (m.s.)</p> <hr/> <p>conservative rx for benif cyst</p>	

hr


Signature with Stamp



LALITABEN P. D. PATEL OPD SERVICES REGISTRATION FORM (OPD)



DIR. Pawan

Date & Time : 20-2-2024

Registration No. : CH-2024-0653544

Name : Majumdar A. Malharaj Contact No. : (M) _____

Age : 53 Sex : F (O) _____

Address : _____

B.P. : 150/90 w/hg Pulse : 90/w SpO₂ : 99%

BMI : _____ Height : _____ Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Health check up

CASE ANALYSIS

Past History : NAD

Present History : _____

G/E Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- Diabetes
- IHD
- Hypertension
- Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- Hypertension
- Epilepsy
- Food Allergy
- Drug Allergy
- IHD
- Asthma
- AIDS/HIV
- Pregnancy
- T.B.
- Hepatitis B
- Bleeding Disorder
- Jaundice
- Hepatitis C

HABBITS :

- Smoking
- Alcohol
- Tobacco
- Others (Specify) : _____

ID: 2024021009524293
Name: Nayanaben
Age:
Gender:

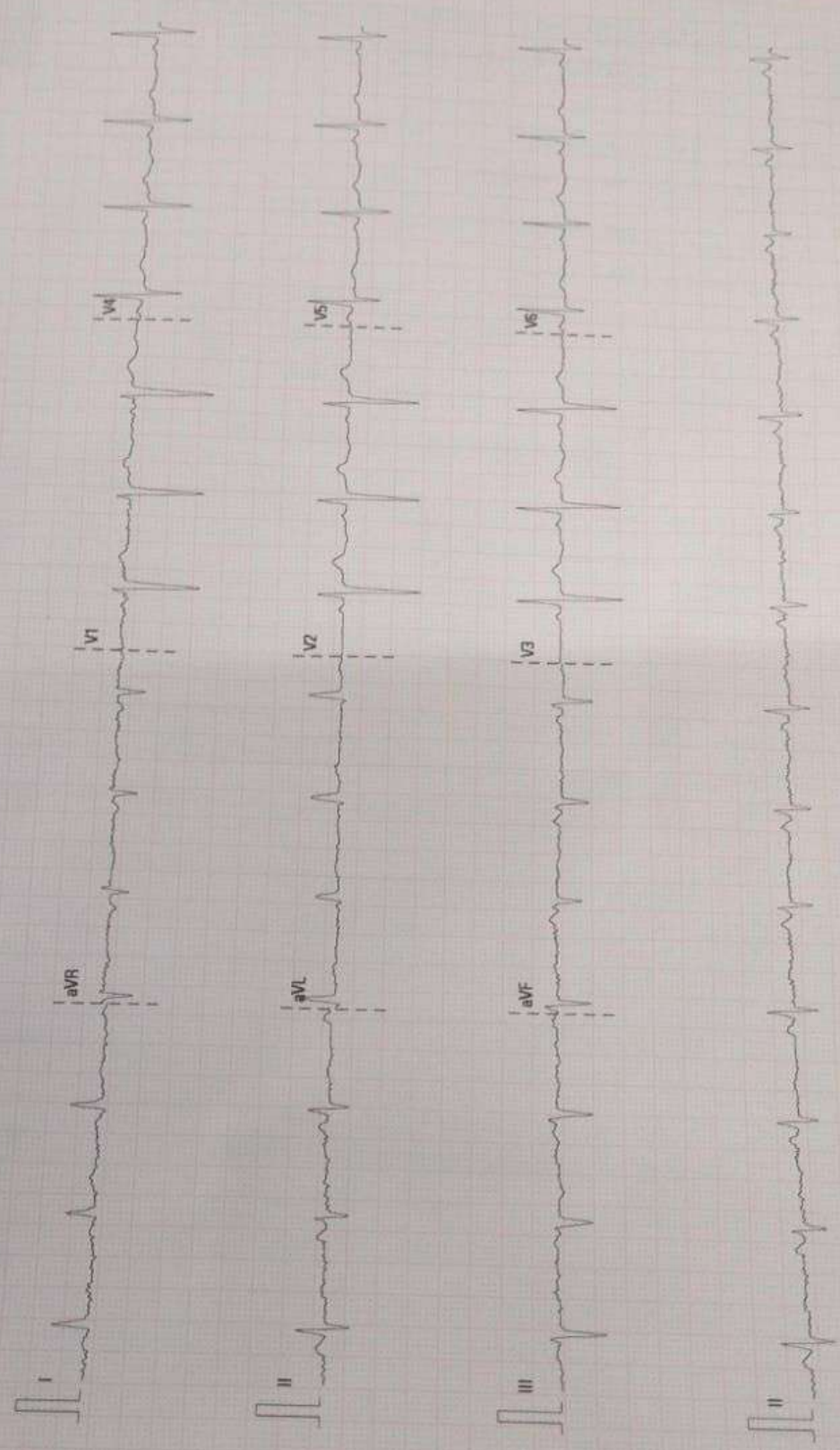
10/09/2024 09:52:32 AM

Vent. Rate
PR Interval
QRS Duration
QT/QTc Interval
P/QRS/T Axes
QTc: Hodges

82 bpm
112 ms
96 ms
350/369 ms
44/-21/0 deg

Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---
Leftward axis
Inferior T wave abnormality is nonspecific

Unconfirmed Diagnosis



02.03.00V2B 4.1 SM FN-S001167

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50 Hz

50 Hz


10 mm/mV

50 Hz

25 mm/s

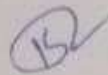
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Patient Name :	NAYANABEN ASHOKBHAI MAKWANA	Sample No. :	SAMPLE-0106907 
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 09:56
Ward :	-	Report Date :	10-Feb-2024 12:04

Acetone : Absent -
Urobilinogen : Absent -
Microscopic Examination :
Pus Cells : 2-3 -
RBCs : Absent -
Epithelial cells : 3-4 -
Casts : Absent -
Crystals : Absent -

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)


DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D)

Patient Name :	NAYANABEN ASHOKBHAJ MAKWANA	Sample No. :	SAMPLE-0106907 
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 09:56
Ward :	-	Report Date :	10-Feb-2024 12:04

Total Bilirubin :	0.43 mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.12 mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	17.0 IU/L [NORMAL]	[0.0 - 40]
AST (SGOT) :	12.6 IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	122.8 IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0
Total Protein (TP) :	7.36 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.18 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.31 [NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	3.18 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio	1.3	

URINE R & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	15 ml	
Colour :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Alkaline -	
Specific Gravity :	1.010 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	



CHARUSAT HOSPITAL



Patient Name :	NAYANABEN ASHOKBHAJ MAKWANA	Sample No. :	SAMPLE-0106907
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 09:56
Ward :	-	Report Date :	10-Feb-2024 12:04

T3-Triiodothyronine : 1.63 ng/ml [NORMAL] 0.69 to 2.15 (ng/ml)

Investigation	Result	Normal Value
T4-thyroxine :	76.7 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE		
Investigation	Result	Normal Value
Serum Cholesterol (Chol) :	217.7 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High

Serum Triglyceride : 159.4 mg/dl <150 mg/dl Normal
150-199 mg/dl Boderline High
200-499 mg/dl High

S.HDL Cholesterol : 50.9 mg/dl Men : >55, Wo : >65
Standread Risk Level
Men : 35-55, Wo : 46-65
Risk Men : <35, Wo : <45

LDLC : 123.26 mg/dl

VLDL : 43.54 mg/dl [HIGH] 10.0 to 30.0 (mg/dl)

LDL/HDL Ratio : 2.42 - [NORMAL] < 3.5

TC / HDL Ratio : 4.28 - [NORMAL] 4.0 to 6.0

LDL (DIRECT) : 118.2 mg/dl [Near Optimal]

< 100.0 (Optimal),
100.0 to 120.0 (Near Optimal),
130.0 to 159.0 (Border line high),
160.0 to 189.0 (High),
> 190.0 (Very high)


LIVER FUNCTION TEST

Investigation	Result	Normal Value
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CHARUSAT HOSPITAL



Patient Name :	NAYANABEN ASHOKBHAI MAKWANA	Sample No. :	SAMPLE-0106907 
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 09:56
Ward :		Report Date :	10-Feb-2024 12:04

Investigation	Result	Normal Value
Serum Creatinine	0.45 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

Investigation	Result	Normal Value
BUN	10 [NORMAL]	8.0 to 23.0 (mg/dl)

Investigation	Result	Normal Value
Serum Uric Acid	2.60 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

Investigation	Result	Normal Value
ESR - After One Hour	14 mm [HIGH]	[M : 3 - 5, F : 4 - 7]


Investigation	Result	Normal Value
ABO :	B	
Rh :	Positive	

Investigation	Result	Normal Value
Fasting Blood Sugar :	91.6 mg/dl [NORMAL]	70 - 110

Fasting Urine Sugar : Absent

Investigation	Result	Normal Value
TSH :	2.65 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

Investigation	Result	Normal Value
T3		

Patient Name :	NAYANABEN ASHOKBHAI MAKWANA	Sample No. :	SAMPLE-0106907 
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 09:56
Ward :	-	Report Date :	10-Feb-2024 12:04

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	14.4 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

WBC

Investigation	Result	Normal Value
R.B.C Count :	5.16 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	7070 /c.mm [NORMAL]	4000 - 10000

Platelet count

Investigation	Result	Normal Value
Platelets:	2.35 Lakh/cmm [NORMAL]	1.5 - 4.5

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	60 % [NORMAL]	40 - 70
Lymphocytes	31 % [NORMAL]	20 - 40
Eosinophils	01 % [NORMAL]	1 - 6
Monocytes	08 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

BLOOD UREA

Investigation	Result	Normal Value
Blood Urea	21.5 mg/dl [NORMAL]	15 - 40

S.Creatinine



DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
10-02-2024	NAYNABEN A MAKWANA	F	BODY PROFILE	UF-TOTAL ABDOMEN USG

USG OF THE ABDOMEN/ PELVIS WAS PERFORMED

The liver is normal in size and echotexture. No focal solid or cystic lesions are seen. The intra hepatic biliary radicles are normal. The portal vein and CBD are normal. The gall bladder is contracted with no calculi or polyp. The wall is not thickened.

The pancreas reveals a normal echopattern, with no focal calcification or a neoplasm. The spleen reveals a normal sonographic features.

Both kidneys are normal in size and echotexture. Evidence of good cortico medullary differentiation is noted. No evidence of any calculi or hydronephrosis.

Right renal upper pole cyst of app 2.1 cm and left renal upper pole cyst of 0.98 cm size-possibility of benign nature.

No free fluid or lymphadenopathy is seen.
The urinary bladder is well distended with no calculi or polyps.

The uterus not seen, h/o hysterectomy.
App 3.6x3.2 cm size cyst seen in left adenexal region with smooth walls, no septae/echoes-possibility of benign functional cyst.

No adnexal abnormality is seen.
No free fluid is seen in the pouch of douglas.
Mild umbilical hernia with cough stress seen with app 0.89 cm wide neck.
Size in CM.

CBD	Portal vein	Splenic vein	Right Kidney	Left Kidney
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IMPRESSION :

App 3.6x3.2 cm size cyst seen in left adenexal region with smooth walls, no septae/echoes-possibility of benign functional cyst.

Right renal upper pole cyst of app 2.1 cm and left renal upper pole cyst of 0.98 cm size-possibility of benign nature.

Mild umbilical hernia with cough stress seen with app 0.89 cm wide neck.

NO OTHER OBVIOUS ABNORMALITY DETECTED.

Thanks for reference
DR KIRTI C THAKRAR
M.B.B.S,D.M.R.D

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
10-02-2024	NAYNABEN A MAKWANA	F	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of abnormality seen involving left lung.

Right upper zone apical region show evidence of opacity suggest ? consolidation.

Costophrenic sinuses are clear.

Hilar shadows show evidence of normal size , position & opacity.


Aortic shadow show evidence of normal position & Size. Cardiac size & position is normal.


Domes of diaphragm & bony cage show no evidence of abnormality.

COMMENTS:

Right upper zone apical region show evidence of opacity suggest ? consolidation.

Adv follow up/clinical correlation.


Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S, D.M.R.D

Patient Name :	NAYANABEN ASHOKBHAI MAKWANA	Sample No. :	SAMPLE-0106907 
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 09:56
Ward :		Report Date :	10-Feb-2024 15:38

HBA1C

Investigation

Ri Mean Blood Glucose
Hb A 1c

Result

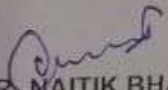
128 mg/dl
6.1 %

Normal Value

> 8 : Action Suggested
7-8 : Good Control
< 7 : Goal
6-7 : Near Normal Glycemia
< 6 : Non-diabetic Level

Comments

Hb A1C also known as Glycosylated Haemoglobin is the most important test for the assessment of longterm Blood glucose control (also called glycemic control).
Hb A1C reflects mean glucose concentration over past 6-8 week and provides a much better indication of longterm glycemic control than blood glucose determination.
This Reaction is irreversible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications), nephropathy(Kidney-complications) & neuropathy(neur complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.



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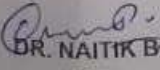
CHARUSAT HOSPITAL



Patient Name :	NAYANABEN ASHOKBHAI MAKWANA	Sample No. :	SAMPLE-0106921 
Patient ID :	CH-2024-0053594	Visit No. :	OPD/2024/02/0000523
Age/Sex :	53y/Female	Call. Date :	10-Feb-2024 09:11
Referred By :	RIPAL PATEL	S. Coll. Date :	10-Feb-2024 15:11
Ward :		Report Date :	10-Feb-2024 15:59

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	115.5 mg/dl [NORMAL]	100 - 140
Post Prandial Urine Sugar (2Hrs) :	Absent	

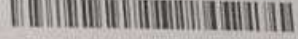

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CHARUSAT HOSPITAL




Patient Name : ASHOKBHAI MAKANBHAI MAKWANA	Sample No. : SAMPLE-0106923 
Patient ID : CH-2023-0050780	Visit No. : OPD/2024/02/0000522
Age/Sex : 58y 4m/Male	Call. Date : 10-Feb-2024 09:08
Referred By : RIPAL PATEL	S. Coll. Date : 10-Feb-2024 15:12
Ward :	Report Date : 10-Feb-2024 16:49

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	112.7 mg/dl [NORMAL]	100 - 140
Post Prandial Urine Sugar (2Hrs) :	Absent	

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(M.B.B.S,M.D)



OPHTHALMIC REGISTRATION FORM



Reg. No. : C12-7023-0050780

Date : 20-7-2024

Patient's Name : Asnath Bheji, m. malavika

Age : 60

Address : _____

Telephone No. : _____

Mobile No. : _____

Referred by / Care of : _____

Profession : _____

Type or work in daily routine : Driving / Watching TV / Computer / Reading / _____

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching / Stickiness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia / Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

routine eye checkup

Eye Involve : RE / LE / BE

Duration : _____

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia / Treatment

Any Surgery : Cataract / Glaucoma / NAD / RE / LE / BE

Family History : Glaucoma / RP / DM / _____

SYSTEMIC : DM / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL

NAD

EYE DETAILS :

V/A with PH

RE 6/6 ①

LE 6/12 ①

IOP

18 mmHg

15 mmHg

OWN GLASS :

AR :

+1.00 / -1.25 x 82°

+0.50 / +0.25 x 162°

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
	SPH.	CYL.	AXIS	SPH.	CYL.	AXIS
Dis	+1.00	-1.25	82°	+0.50	+0.25	170°
Nr. Add	+2.00	N6		+2.00	N6	
Comp						

Remark :

Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

Signature : _____

[Signature]



DENTAL REGISTRATION FORM



Date & Time : 20-2-2024

Registration No. : CH-2023-0090980

Name : Ashokraj M. Masulkar

Contact No. :

Age : 60

Emergency Contact No. :

Sex : M

Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup.

Family History :

- Diabetes
- Hypertension
- IHD
- Others (Specify) :

Habits : Tobacco

- Hypertension
- Diabetes
- Epilepsy
- Bleeding Disorder
- Smoking

Medical/Other History :

- IHD
- Asthma
- AIDS/HIV
- Pregnancy
- Other (Specify) :
- T.B.
- Hepatitis B
- Food Allergy
- Others (Specify) :
- Jaundice
- Hepatitis C
- Drug Allergy

સંમતિ પત્રક

હું ડોક્ટરને મારી સારવાર કરવાની મંજૂરી આપું છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈજેકશનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડોક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડોક્ટર કે ચારુસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : _____

સમય : _____

દર્દી / સગાની સહી

CONSENT

I hereby request and authorize Doctor to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date : _____

Time : _____

Patient's / Relative's Sign.

Investigation Advised : _____

Final Diagnosis : _____

Treatment Plan : _____

Date : 10/2/24

Time : _____

Name of Doctor

Signature :

Dr. Masulkar

Investigation/s Advised : _____

Provisional Diagnosis : _____

Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
	<p style="text-align: right;"><u>Dr</u></p> <p>→ Surgeon opinion for BPIA</p> <p>carb. Nephro RD (20) →</p> <p style="text-align: right;">→ (10) days</p> <hr/> <p>12 / 02 2024</p> <p><u>Sing - Doctor (M.S)</u></p> <p><u>1/2 - Nocturia</u></p> <p><u>PM - IHC</u></p> <p><u>Δ - BPH</u></p>	<p style="text-align: right;"><u>Dr</u></p> <p>- 1. Valtam - 100</p> <p style="text-align: center;">(10)</p> <p style="text-align: center;">007</p> <p style="text-align: right;"><u>[Signature]</u></p>

Signature with Stamp



LALITABEN P. D. PATEL OPD SERVICES REGISTRATION FORM (OPD)



DR. Pavan

Date & Time : 20-7-2024

Registration No. : CH-2023-0450780

Name : Ashokraj M. Marwani

Contact No. : (M) _____

Age : 60 Sex : M

(O) _____

Address : _____

B.P. : 130/80 mm Hg

Pulse : 86/min

SpO₂ : 98% on RA

BMI : _____

Height : _____

Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Came for health check up

CASE ANALYSIS

Past History : NAD except IHD & S/P PTOA (2 months back)

Present History : _____

G/E Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- Diabetes
- IHD
- Hypertension
- Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- Hypertension
- IHD
- T.B.
- Jaundice
- Epilepsy
- Asthma
- Hepatitis B
- Hepatitis C
- Food Allergy
- AIDS/HIV
- Bleeding Disorder
- Drug Allergy
- Pregnancy

HABBITTS :

- Smoking
- Alcohol
- Tobacco
- Others (Specify) : _____