


 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.  
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000362129 OP-001

REPORT STATUS : Interim



Patient Name : Mr Alokkumar Patel	/	Registered On : 26-Mar-2024 08:56 AM
Lab ID : 403902000		Collected On : 26-Mar-2024 08:45 AM
Gender/Age : Male / 40 Years	DOB : 05-Jul-1983	Received On : 26-Mar-2024 09:07 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>	14.9	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.83	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	46.7	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	96.7	fL	83 - 101
MCH <i>Calculated</i>	30.8	pg	27 - 32
MCHC <i>Calculated</i>	31.9	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <i>Electrical Impedance</i>	7210	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	60	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	26	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	8	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	6	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	129000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	12.7	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	Normochromic and Normocytic.
PLATELETS	Mildly Reduced on smear examination.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.
PLATELET COUNT (MANUAL )	140000 /cmm 150000 - 500000

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

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

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE ✓

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**SHALBY**  
**MULTI-SPECIALTY**  
**HOSPITALS**

PID : SUR0000362129 OP-001

Patient Name : **Mr Alok Kumar Patel**

Lab ID : 403902000

Gender/Age : Male / 40 Years

Ref. By : Dr. Health Check Up . Shalby

REPORT STATUS : **Interim**

DOB : 05-Jul-1983

Registered On : 26-Mar-2024 08:56 AM

Collected On : 26-Mar-2024 08:45 AM

Received On : 26-Mar-2024 09:07 AM

Sample Type : EDTA Whole Blood

Biological Ref. Interval

mm in 1 hour 0 - 15

ESR 1st hour \*

Modified Westergren Method

**HBA1C**

**HbA1c - Glycated Haemoglobin \***

Boronate Affinity Assay

Result

19

Unit

mm in 1 hour 0 - 15

6.4

%

*(Inverts)*

Non-diabetic:  $\leq 5.6$  ✓  
 Pre-diabetic: 5.7-6.4  
 Diabetic:  $\geq 6.5$   
 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) \* 137 mg/dL

Calculated

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 Gender/Age : Male / 40 Years DOB : 05-Jul-1983 Received On : 26-Mar-2024 09:07 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),  
 Fluoride PP, Urine (F),S

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

**FASTING PLASMA GLUCOSE**

<b>Plasma Glucose (F)</b> <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	119 ✓	mg/dL	74 - 106
--	-------	-------	----------

<b>Urine Sugar (F)</b> <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
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**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b> <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	189 ✓	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>200
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<b>Urine Sugar (PP)</b> <i>Glucose-oxidase/oxidase reaction</i>	PRESENT [TRACE]	mg/dL	Absent
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**Liver Function Test**

**Liver Function Test**

<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	77 ✓	U/L	21 - 72
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<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	54	U/L	17 - 59
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<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	74	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
--	----	-----	--

<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	31	U/L	15 - 73
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<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
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<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.4	g/dL	3.5 - 5.0
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<b>S. GLOBULIN</b> <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
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<b>A/G Ratio</b> <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F),S

**Liver Function Test**

<b>Bilirubin Total</b>	0.6	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
<i>Azobilirubin/Dyphylline/Diazonium Salt</i>			Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>			
<b>Bilirubin Direct</b>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4
<i>Calculated</i>			

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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>	141 ✓	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	94 ✓	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>	37	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	104	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	85	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>	19 ✓	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.3 ✓		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.8	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
<b>RENAL FUNCTION TEST</b>			
<b>RENAL FUNCTION TEST</b>			
<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	7	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	15	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.78	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>	8.0	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.0	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.93	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

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## IMMUNOLOGY

**THYROID PROFILE (TFT)**
**Total T3 \*** 138 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

**Total T4 \*** 9.09 µg/dL 99% Reference Interval (µg/dL)  
 4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

**TSH \*** 11.090 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

## INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - assess the response to TRH stimulation testing.
- 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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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

**PROSTATE SPECIFIC ANTIGEN \*** 0.4 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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**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 reation</i>	Negative	Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.020	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	6.0	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>Diazotization 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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Patient ID:	SUR0000362129	Patient Name:	ALOK KUMAR PATEL
Age:	40 Years	Sex:	M
Accession Number:	3358 OP	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Mar-2024		

**CHEST X-RAY (PA)**

Prominent bronchovascular markings in 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 in bilaterally.

*Thanks for referral.*

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

**Patient's Name: Alok Kumar Patel**

**Age: 40 yrs / male**

**UHID: 362129**

**Date: 26 / 03 / 2024**

**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:20

**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**:13 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**

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

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

CIN: L85110GJ2004PLC044667



Patient Name: ALOK KUMAR PATEL		UHID: 362129
Age / Sex: 40 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 26/03/2024	

**ULTRASOUND OF ABDOMEN AND PELVIS**

**Liver** is normal in size shows grade II fatty changes. 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.

**Prostate** is enlarged in size and measures 37 x 39 x 40 mm (Approx. vol- 31 cc). It has smooth outlines and normal reflectivity.

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

**IMPRESSION:**

- **Mil prostatomegaly.**
- **Grade II fatty liver.**

Thanks for referral.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)  
G-14916**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667





Pre - op

Post- op

Health Check-up

Date : 26/3/20

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

Patient Name : Alok kamda Patel

Age / Sex : 40 / M

Address : Navyug

**Complaints :**

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

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

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

Sensitivity : (+)

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

**Medical History :**

Hypertension : \_\_\_\_\_

DM

Acidity

Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_

Asthma : \_\_\_\_\_

Allergy : \_\_\_\_\_

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

Homeopathic meds for STPT, CTPT

**Any Medication :**

**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 : \_\_\_\_\_

6543 / 986  
18 5 5



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"

*Dr. Darshini V. Shah*

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



*(ov) dilate*  
*(ov) dilate 11.47AM*

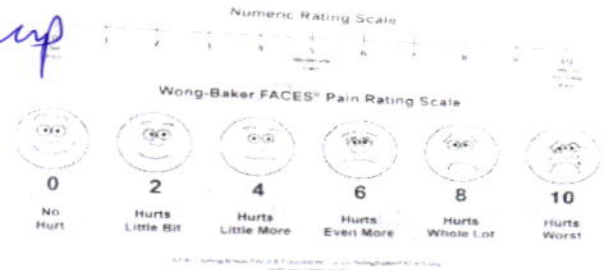
**DR. RUJUTA SHELAT**

Consultant Ophthalmologist  
Reg. No.: - G-48712

Name :- *Alon Kumar Patel*

Date :- *26/03/2024*

Chief Complaints:- *Routine Eye check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *NO DRUGS ALLERGY*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/24*  
*6/36*

NCT *18*  
*18*

ON Examination

Ant. Segment

*NVZ*

Systemic Examination:-

HT:- WT:-

PH Vision:- *6/6*

*STK - 0.50 - 2.50 X 060*  
*- 1.00 - 2.00 X 060*  
Both Eye

*pt feels better with own glasses.*  
*ct same glasses.*



NAME: [unclear] 12:35  
DATE: 27 2023

R>

SPH	CYL	AX
- 0.25	- 2.25	81
- 0.50	- 2.00	80
- 1.00	- 1.75	77
- 0.50	- 2.00	80

Anterior Chamber

L>

SPH	CYL	AX
- 0.25	- 2.25	105
- 0.50	- 2.00	105
- 0.75	- 2.00	106
- 0.50	- 2.00	105

Rt. EYE

Lt. EYE

D= 72  
 GrandSeiko.com  
 SR-3300K S/N: 76BB0963

NNL

Investigation:-

blood vessel:-

Background:-

Macula:-

Diagnosis:-

pt will come later

Compound myopic astigmatism

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 5/5

Signature of the Consultant  
[Signature]

Sex: M  
cm

Birth date: /  
mmHg

years

1100 Sinus rhy  
9110 \*\* normal ECG \*\*

Alok Kumar

medication:

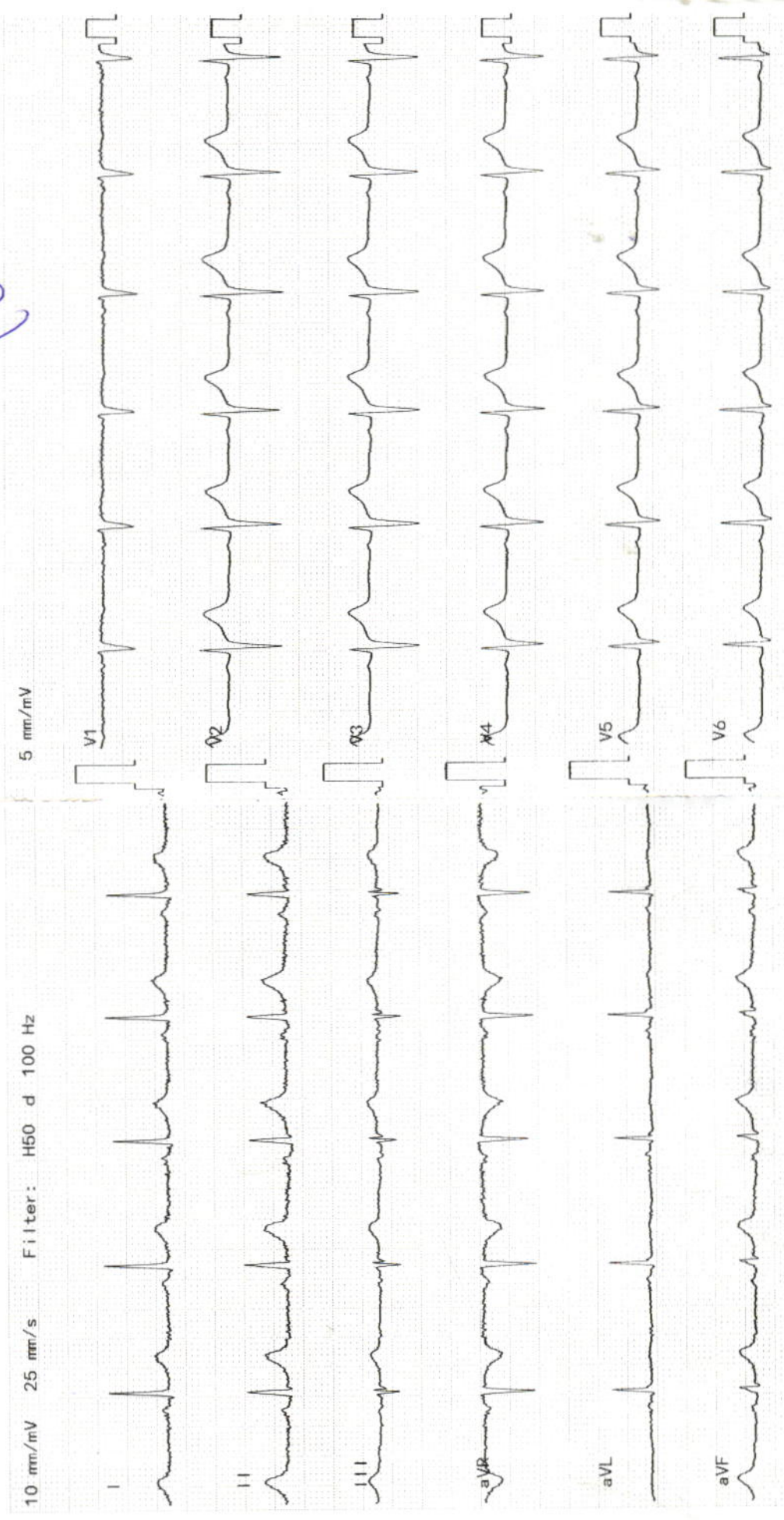
symptoms:

history:

heart rate	73	bpm
PR int	134	ms
QRS dur	94	ms
QT/QTc(E) int	384/ 410	ms
QT/QTc(T) axis	38/ 14/ 54	°
RV5/SV1 amp	1.17/ 1.07	mV
RV5+SV1 amp	2.24	mV

Unconfirmed Report  
Reviewed by:

Ⓡ







Investigation :-

## STRESS FREE LIFE

High protein diet / fruits / weight-loss

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

Rx

→ TAB THYRONORM (25) 100 (3 months)  
(Hb fasting Tm)

→ TAB CALCIMAX-D3 100 → 15 days

→ TAB ERYON (100) 100 (15 days)  
(vit E) (1 month)

Follow Up Date: \_\_\_\_\_

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

→