**CASE PROFORMA**

NAME:

AGE:

SEX:

OCCUPATION:

SOCIOECONOMIC STATUS:

ADDRESS:

BODY WEIGHT:

ECHO:

DIAGNOSIS:

TREATMENT GIVEN:

1.

2.

3.

|  |  |  |
| --- | --- | --- |
| S.NO | DRUG PRESCRIBED | DOSING INTERVAL |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |