Doctor

Dr. NAM Momenuzzaman

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Patient

Mr. Patient

United Hospital Exceptional People

Hotline: 10666

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Cell: 01941 001142, 01712 060050

Date: 15-07-2018 Name: Mr. Patient Age: 28 years, 4 monts, 15 days Sex: Male

Diagnosis: DCM, S/P CRTD

Chief Complaints:

Signs & Symptoms

Name Value

Exertional SOB Absent

NYHA Classification II

Onthopnoea No

PND No

ExertionalChestPain Absent

Palpitation Absent

Fatigue Absent

Dizziness Absent

Syncopy/Presyncopy No

Overall QQL Fair

Leg Swelling Absent

Sleep Disturbance Absent

Appetite Fair

Bowel Habit Normal

Sexual Activities

Mental Status Alert

Psychological Status

Physical Examination

Name Value

```
104
Weight
Anemia/ Jaundice / Cyanosis
Edema
JVP
                          Raised (sitting, low .33)
Pulse
                          76
Pulse B/M
BP
                           100/60
Heart
                          s1 + s2
Lungs
                          Clean
6MWT
Echo
ECG
Rx
# Medicine
                        Type
                                    Comments
1 Tab Ecosprin (75mg)
                        0+0+1
2 Tab Nebicard (2.5 Mg)
                        1+0+0
3 Tab Entresto (50 mg)
                        1+0+1
4 Tab Frulac 20/50
                        1+0+0
5 Tab Montair 10mg
                        0+0+1
                        1+0+1
6 .....
7 Tab Ostocal-D
                        1+0+0
8 Tab Sabitar (10Mg)
                        0 + 0 + 0.5
 (24) 1 - 1.5
 4
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over phone is between caller follow up:

Date Time Problem Solution

Heart Image	
Image not found or type unknown	
Comment	
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