

# Updated Hospital XYyyZ

**John Doe**

None, None  
Regd. No. ABC123  
**None**  
Time: Morning 8-17  
123 Main Street Pin:123456  
Mob. No.:1234567890  
E-mail:john.doe@example.com

Anesthesiologist,Cardiologist,Dermat  
ologist,Anesthesiologist,Endocrinolo  
gist, Family physician

**Patient's Name: John name Doe N/A Male**

**Date: Mar 21, 2024,  
08:00 PM**

Opd No:032110  
DM  
DM  
Hypothyroidism  
COAD

Mob.:1234567890

Wt : 80 Kg

**O/E :-**

Ht : 185 Cm

Pulse : None/min

Hr : 70

Temp : None

Bp : None/None

Pallor : 2

Oedema Feet : 2

GC : 5

RS : Wnl

RS Other : RS 0323

PA : Soft

PA Other : PA 0323

**RX :-**  
Aspirin  
1--1--1  
After meal

Aspirin1  
1--1--1  
After meal

Aspirin3  
1--1--1  
After meal

Aspirin4  
1--1--1  
After meal

Aspirin  
2  
After meal

Aspirin  
2  
After meal

**Advice :-**  
C.T. Scan  
Paracheck for MPĐ  
CBC

Hospitalization  
Review after 4 Days on Mar 28, 2023