## **Hospital**

John Doe

M.B.B.S., M.D, D.N.B, MNAS (Medicine)

Regd. No. ABC123

**Consulting Physician & Intensivist** 

Time: Afternoon 1-5

123 Main Street Pin:123456 Mob. No.:1234567890

E-mail:john.doe@example.com

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

Date: Mar 12, 2024,

06:16 PM

RX:-

1--1--1

6

**Acetaminophen** 

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

Opd No:4 DM

DM

Hypothyroidism

COAD

Wt: 80 Kg

Hr: 70

Bp: 1.0/1.0

Ht: 185 Cm

O/E :-

Mob.:1234567890

Pulse: 1.0/min

Temp: 1.0

Pallor: 2

Oedema Feet: 2

GC: 5 RS: Wnl

RS Other: RS 0323

PA: Soft

PA Other: PA 0323

Advice :-

C.T. Scan

Paracheck for MPĐ

CBC

Hospitalization

Review after 4 Days on Mar 28, 2023