



SHANTI GOPAL HOSPITAL

A unit of Mansarovar Medical Centre Pvt. Ltd.



14

PRESCRIPTION SLIP

Receipt No : 180129816
Name : Baby ISHITA SINGH
Age/Sex : 5 Y/Female

Date : 30/09/2018
UHID. : 2014004142

Department: Ophthalmology

Dr. Sandeep Jha
MS (Ophthal), PHACO-Surgeon & Lasik
Specialist MCI - 27452

Sun,
OPD Schedule: Mon, Tue, Wed, Thu,
Fri, Sat,

09:00 - 11:00
19:00 - 21:00

Height _____ Weight _____		BP _____ Temp. _____ Pulse _____ R/R _____	
History (Present/Past/Family): Cp. Redden Rd - Watng			
Systemic Examination CVS: CNS: <i>ME - GC</i> RS: <i>✓</i> P/A: Others: <i>(JN) (BN)</i>		Pain Score : 0 NO HURT 1 HURTS LITTLE BIT 2 HURTS LITTLE MORE 3 HURTS EVEN MORE 4 HURTS WHOLE LOT 5 HURTS WORST	
Advice (Diet/Lifestyle/Rehabilitation): <i>Refillary are</i>		Investigations advised:	
Allergy:-		Drug Orders/Treatment Plan: <i>Ra - Vigogair - T</i> <i>1 drop (BE)</i> <i>o - o - o x 15 de</i> <i>@ FL ALEx</i> <i>1 drop (BE)</i>	
Provisional/Final Diagnosis: <i>f - WNL</i>			
Follow up on: Date: Time: Contact:			

Patient Education (Patient is briefed on the following)

Proposed care plan ☐ Yes ☐ No

Possible Complications ☐ Yes ☐ No

Name:

Signature:

Note:

* Patients are free to buy any medicine with same composition at your own responsibility. Suggested name is NOT BINDING on patients.