

KAMNENI HOSPITALS

OP CARD Receipt

Date: 30-Jan-2020

Token No:14
Room No:10

10:47:17 AM

UHID : 20190722661

OPID : 2016726069

BillNo : 202001300400

Name : Mr. NARENDRA NATH
LAL

Age/Sex : 70 YEARS/M

Visit NO : 1

Dept/Doctor : ORTHOPAEDICS/Dr. Kamaraju C (KAMC/24736)

Ref.Doctor : SELF

OP Consultation Fee : Rs.450

Received By CREDITCARD: Rs.450/-

2nd Visit Validity Upto 13/2/2020

Cashier/Receptionist
anusha.c

VITALS:

PR:

RR:

BP:

TEMP:

NUTRITIONAL SCREENING: Obese / Normal / Mal Nourished

Height:

Weight:

BMI:

DIETICIAN CONSULTATION: Required / Not Required

DRUG ALLERGIES: YES/NO

90 Pa Right knee
p.o TKA Right

Xray Right knee \rightarrow AD

CSP

ESR

CRP

S. Uric acid

Synthroid for 45.
(3-samples)

Agnali 20ml of turbo
flm - sent for c/s.

Admit on Monday for
Debridement & Physiotherapy

PRESCRIPTION SLIP

Generic Name
(In Capital Letters)

Strength

Dosage

Instructions

Duration

Total Quantity

1

1

2

T. COMBIFLAM

x 1 week

3

1 ————— 1
after food

4

T. PANTOCID comp

5

- 1 before food

6

T. DALACIN-C comp

7

x 10 days

1 ————— 1

8

T. DOLDO 650 (10)

9

- 1.505

Signature

10

Pharmacist's Sign:

Doctor's Signature

Date:

Name of Pharmacy:

(Stamp)

KHL, L.B. Nagar.

Wish you a Speedy Recovery