



BHARATHBRANDS PRIVATE LIMITED

GHANA HEALTH SERVICE,P.O. BOX-23, PEKI V/R

ONCOLOGY DEPARTMENT CASE SUMMERY

PATIENT NAME	<u>Raghu</u>	AGE	<u>12</u>	HOPS. NO	<u>12</u>		
TEL .NO	<u>90987654322</u>	ADDRESS	<u>chennai,tamil nadu</u>	D.O.A.	<u>DOA</u>	D.O.D.	<u>DOD</u>
CONSULTANT	<u>Mantu</u>	DEPARTMENT	<u>OPD</u>				
MEDICAL HISTORY	<u>MEDICAL HISTORY</u>						
PHYSICAL FINDINGS	<u>PHYSICAL FINDINGS</u>						
INVESTIGATION	<u>INVESTIGATION</u>						
MANGEMENT	<u>MANGEMENT</u>						
TREATMENT AFTER DISCHARGE	<u>TREATMENT AFTER DISCHARGE</u>						
RECOMMENDATION/DISCHARGE INSTRUCTIONS	<u>RECOMMENDATION/DISCHARGE INSTRUCTIONS</u>						
FOLLOW UP	<u>FOLLOW UP</u>						
DAY	<u>2</u>	DATE	<u>03/10/2023</u>	TIME	<u>03:21 PM</u>		
NAME/SIGNATURE OF DISCHARGE DOCTOR	<u>mantu</u>						
DOCTOR NOTES	<u>all okay.</u>						

Save