

Lloyds Kali Ammal Memorial Hospital लॉयड्स काली अम्माल मेमोरियल हॉस्पिटल

Lloyds Infinite Foundation



Pin Code:- 442704 Phone No :- 9405123224

Patient Reg. No: **Patient Name:**

HD0012321

Miss SWETA RAJENDRA

KUMBHARE

Mobile No.: **OPD Reg. Date:**

OPD No.:

OP0027642 9420373798

08-03-2024

F/23 Y

Doctor Name:

Gender/Age: Address:

JIWANGATTA -NC -

Dr.

BP	Temp	PR	Weight	Spo2	RBS/FBS
mm/Hg	°C	per min	kg	%	mg/dl

Diagnosis: RT PREAURICUALR INFECTED SINUS

Test Name:

Sr. No.	Test Name
1	CBC
2	KFT
3	HIV
4	HBSAG
5	BT CT
6	RBS

Prescription:

Sr No	Medicine	Type	Dose	Duration (Days)	Frequency	Advice
1	LEVOFLOX 500 MG OD FOR 5 DAYS					
2	ZERODOL SP TAB			BID FOR 5 DAYS		