

Lloyds Kali Ammal Memorial Hospital लॉयर्ड्स काली अम्माल मेमोरियल हॉस्पिटल

Lloyds Infinite Foundation



Pin Code: - 442704 Phone No : - 9405123224

Patient Reg. No: **Patient Name:** Gender/Age:

Address:

HD006209 Miss KAJAL KANNAKE F/22 Y, 5 M, 14 D

MALAM PAHADI TL -

OPD No.: Mobile No.:

OPD Reg. Date: **Doctor Name:**

8080502717 17-03-2024

OP0029298

Dr. S.CHANDER

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

Chief Complaint: FEVER

Diagnosis: MALARIA

Test Name:

Sr. No.	Test Name
1	PF POSITIVE

Prescription:

Sr No	Medicine	Type	Dose	Duration (Days)	Frequency	Advice
1	TAB LUMERAX 80/480			3	1 - 0 - 1	
2	TAB MALARID DS				STAT	
3	SYP ASTHAKIND DX				10ML - 0 -10ML	

Suggestion :HAVE WARM WATER TO DRINK ,SALT WATER GARGLING ,REVIEW SOS

ADV REST FOR 3 DAYS

Dr.S.CHANDER