

## Lloyds Kali Ammal Memorial Hospital लॉयर्ड्स काली अम्माल मेमोरियल हॉस्पिटल

## Lloyds Infinite Foundation



Pin Code: - 442704 Phone No : - 9405123224

Patient Reg. No:

HD0013133

Miss SHIVANI BAJIRAO

Mobile No.:

OPD No.:

OP0029573 9405502761

**Patient Name:** 

**USENDI** 

Gender/Age:

F/

OPD Reg. Date:

19-03-2024

**Doctor Name:** 

Dr. SWATI REDDY

Address:

JEVELI - NC -

BP	Temp	PR	Weight	Spo2	RBS/FBS
mm/Hg	°C	per min	20 kg	%	mg/dl

## **Personal History:**

Chief Complaint: VESICULAR LESION ON FACE AND TRUNK Examination: VESICULAR LESION + ON FACE AND TRUNK

Diagnosis: VARICELLA

**Test Name:** 

Sr. No.	Test Name
1	CBC PLT 1.46 LAKHS
2	CRP 7.5

## **Prescription:**

Sr No	Medicine	Туре	Dose	Duration (Days)	Frequency	Advice
1	Cetrizine	SYRUP	5ML	3 DAYS	0-0-1	
2	CALPOL 250MG	SYRUP	6ML		6TH HRLY OR SOS	
3	Calamine lotion				1-0-1	LOCAL APPLICATION
4	CLAVUM 375 MG		1 TAB	5DAYS	1-0-1	
5	CIPLOX EYE DROP		2 DROPS		1-1-1-1	
6	SYP MEFTAL P		6ML		SOS	IF TEMP >101
7	PANTOP 20		1TAB	5	1-0-0	
8	INJ PCM		2CC		IM STAT	

 ${\bf Suggestion:} {\tt DANGER}$  SIGNS EXPLAINED ,REVIEW SOS REVIEW AFTER 2 DAYS

Dr.SWATI REDDY