

MEDICINE RECONCILIATION

S. No.	Drug	Dosage	Route	Frequency	To be continued
1	TAB. LOSAR	50mg	P/O	1-0-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2	TAB. METFORMIN	500mg	P/O	1-0-1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3	TAB. VOGLIBOSE	0.3mg	P/O	1-1-0	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4	TAB. CILNIDIPINE	5mg	P/O	0-0-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5	TAB. CARBAMAZEPINE	100mg	P/O	0-0-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6	TAB. SHELIAL	1.00mg	P/O	0-1-0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Significant Outside Investigations:

Sr. No.	Name of Investigation	Values/Findings	Sr.No.	Name of Investigation	Values/Findings
	Ni/				

Investigations to be sent

<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> LFT	<input checked="" type="checkbox"/> RFT	PT/INR	<input checked="" type="checkbox"/> ECG	<input checked="" type="checkbox"/> ABG	<input checked="" type="checkbox"/> Urine Routine
Viral Marker	Thyroid Profile	2D ECHO	<input checked="" type="checkbox"/> Chest X-Ray	Trop I		
NCCT Brain	<input checked="" type="checkbox"/> Blood Culture	Urine Culture	USG			
Any Other:	Dengue IgG, IgM, MP, RMA					

Provisional Diagnosis: Acute febrile illness