

Date : 16-05-2020
MR NO : CKOR.0000173851
Name : Mrs. Punya Sahoo

Department : DERMATOLOGY
Doctor : Dr DEEPA K
Registration No : 80393

Age/ Gender : 26 Y / Female

Qualification : MBBS, DDVL, DNB(DERMA)

Consultation Timing: 11:58

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

As in : Molluscum contagiosum.

R₂

Advised Needling & curettage.

TSM
Sr. Vit D
Sr. Ferritin
Hb

1. T. Ascazin 50mg (60).

1 - 0 - 1 x 1 mth.
M N

2. Cap. Follinair (90).

0 - 0 - 1 x 3 m.
N

3. Toplap cream (1).

1h prior to procedure.

Tuesday - 11 am.

Follow up date:

Doctor Signature

Apollo Clinic, Sarjapur Road

GYR Chambers, Opp. South Indian Bank, Kaikondanahalli,
Sarjapur Road, Bangalore - 560034 | Phone: (080) 2574 6371, 4201 7340

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Needling & curettage done. contagiousum.

S. NO.	NAME OF DRUG & STRENGTH (Generic Name and in CAPITAL)	MEDICATION DOSAGE	B				NO. OF DAYS	TOTAL QTY.	INSTRUCTIONS FOR ADMINISTERING DOSAGE		
			MORNING	AFTERNOON	EVENING	NIGHT			Before Meal	After Meal	Others
1	Mupimet oint		✓			✓	①	x 1wk.			
2	Supabact 0.04% gel.					✓	①	New ones.			
3	T. uprise D3 60k				1/wk		x 8wks.	⑧			
4					1/m		x 6m.	⑥			
5	Cap. Fefol - 2					1		x 3m.	⑨0		
6											
7	procedure charge - 2000/-										
8											
9											

RECOMMENDED INVESTIGATIONS

Xr.

BIO CHEMISTRY

- ☐ ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM
- ☐ CALCIUM, SERUM
- ☐ CREATININE, SERUM
- ☐ FERRITIN - SERUM
- ☐ FREE T4 - SERUM
- ☐ GLUCOSE (FASTING)
- ☐ GLUCOSE (POST PRANDIAL)
- ☐ GLUCOSE, FASTING (F) AND POST PRANDIAL (PP)
- ☐ GLUCOSE, RANDOM
- ☐ HbA1c
- ☐ IgE (TOTAL)
- ☐ LIPID PROFILE
- ☐ LIVER FUNCTION TESTS (LFT)
- ☐ PROLACTIN - SERUM
- ☐ SERUM ELECTROLYTES
- ☐ THYROID FUNCTION TEST, TOTAL
- ☐ TOTAL BETA- HCG (Tβ-HCG)
- ☐ TSH: THYROID STIMULATING HORMONE-SERUM-FREE
- ☐ UREA - SERUM / PLASMA
- ☐ URIC ACID - SERUM
- ☐ VITAMIN B12 -SERUM
- ☐ VITAMIN D3

SEROLOGY

- ☐ C-REACTIVE PROTEIN (Qualitative)
- ☐ DENGUE IgM
- ☐ DENGUE IgM & IgG
- ☐ DENGUE NS1 ANTIGEN
- ☐ HIV I AND II ANTIBODIES
- ☐ MALARIAL ANTIGEN (VIVAX AND FALCIPARUM)
- ☐ RHEUMATOID FACTOR -SERUM
- ☐ TYPHI DOT - M
- ☐ WIDAL TEST

HEMATOLOGY

- ☐ ABSOLUTE EOSINOPHIL COUNT
- ☐ BLOOD GROUP ABO & Rh FACTOR
- ☐ COMPLETE BLOOD COUNT
- ☐ ERYTHROCYTE SEDIMENTATION RATE (ESR)
- ☐ HEMOGRAM (CBP+ ESR)
- ☐ PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP)
- ☐ PLATELET COUNT

RADIOLOGY

- ☐ ULTRASOUND - ABDOMEN AND PELVIS
- ☐ ULTRASOUND - WHOLE ABDOMEN
- ☐ ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS)
- ☐ X-RAY CERVICAL SPINE AP AND LAT
- ☐ X-RAY CHEST PA
- ☐ X-RAY LUMBAR SPINE AP AND LAT
- ☐ X-RAY PNS

CARDIOLOGY

- ☐ 2D-ECHO WITH COLOUR DOPPLER
- ☐ CARDIAC STRESS TEST - (TMT)
- ☐ ECG

CLINICAL PATHOLOGY & MICRO BIOLOGY

- ☐ URINE ROUTINE (CUE)
- ☐ CULTURE AND SENSITIVITY [URINE]
- ☐ URINE ROUTINE AND MICROSCOPY

OTHER

- ☐ PULMONARY FUNCTION TEST

Additional Investigation Recommended:

In case of emergency or any rash or other allergic complaints, please call 1066 or come directly to emergency room of the hospital

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