



Bihar State eSanjeevaniOPD

State Health Society, SHEIKHPURA
Bihar, 800014



Patient ID: 1001400216032044
Patient: Amrita Kumari , 34 YEARS / FEMALE
Mobile: 8676943121
Address: SAWARCHAK
HAATA, MALSALAMI, POST, BEGAMPUR, PATNA, BIHAR

Date: 27 Aug 2021, 10:47 AM
Consultation ID: 9103795
Speciality: General OPD

Provisional Diagnosis:

Allergic dermatitis

Rx:

Sl. No.	Medicine	Frequency	Dose	Type	Duration
1	Cetirizine hydrochloride 10 mg oral tablet	OD	1	tablet(s)/capsule(s)	6 Month
2	Mometasone furoate 1 mg/g cutaneous lotion	TDS	1	puff(s)/application(s)	8 Week
3	Terbinafine (as terbinafine hydrochloride) 250 mg oral tablet	OD	1	tablet(s)/capsule(s)	6 Week
4	Terbinafine hydrochloride 10 mg/mL cutaneous spray	BD	1	tablet(s)/capsule(s)	6 Week
5	Albendazole 400 mg and ivermectin 6 mg oral tablet	OD	1	tablet(s)/capsule(s)	7 Days

Caladryl lotion to apply as directed.

Advice:

Consult after 6 weeks.

BCMR22844
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