



Dr Aakanksha D Singh

MS (PRASUTI TANTRA & STREE ROGA)

CONSULTING OBSTETRICIAN & GYNAECOLOGIST

Patient's Name :

Gender/Age : F /

Date : / /2021

K/C/O : HTN / IHD / DM / BA / COPD / KOCHS / RA / THYROIDISM / NONE

Drug Allergies : NONE /

Present Complaints :

M/H :

Rx

O/H :

O/E:

G/C: _____

P : _____/ min

BP: _____mmHg

T : _____F

SPO2 : _____%

P/A:

P/V:

Advice :

Follow Up After :

Dr Aakanksha D Singh

Note :

1. Please bring this paper on every visit.
2. This prescription cannot be used for medico-legal purposes.
3. Don't substitute any medicine without consultation.
4. Please confirm medicines with the doctor before use.