



Dr Dhananjay J Singh

MS, MD, PGDEMS

CONSULTING GENERAL SURGEON & PHYSICIAN

Patient's Name : Gender/Age : M / F / Yr/Mo Date : /07/2021

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

HYPO / HYPER THYROIDISM - ON Rx / NOT ON Rx

Drug Allergies : NONE /

Present Complaints :

Rx

BP: _____mmHg

P : _____/ min

T : _____F

SPO2 : _____%

Advice :

Follow Up After :

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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.