



Reg No: I-66898-A

Dr Dhananjay J Singh

MS, MD, PGDEMS

CONSULTING GENERAL SURGEON & PHYSICIAN

Patient's Name : Gender/Age : M / F / Yr/Mo Date : / 06 /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 :

Dr Dhananjay J 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.

Address : Shop No:3, Rosewood Building, Orchid Residency, Charnipada, Bhiwandi, Dist - Thane

In Case Of Emergency : +91 9762 266 021