 

**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 : Dr Dhananjay J Singh

**Note :**

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

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