

**Reg No: I-66898-A**

**Dr. Dhananjay J. Singh**

**MD (MEDICINE AY.) MUMBAI, PGDEMS CONSULTING PHYSICIAN**

**Patient’s Name : Gender/Age : M / F / Date : / /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 purpose. 4. Please confirm medicines with doctor before use.

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

**For Appointment** : +91 9967 134 911 | **In Case Of Emergency** : +91 9762 266 021