Chikitsha e-Prescription

Patient Particulars Date: May 19, 2014, 12:30 am

Name: Age: Sex: Weight: Phone number: **RMP Name: RMP ID:**

Chief Complaints On Examination

Pulse: (Beats per min) getrert **Appearance:**

BP: (mm/hg) Color:

Temperature: F **State of Consciousness:**

Respiration: Edema: **Dehydration:**

 $\mathbf{R}\mathbf{x}$ **Investigations** Advice

DIAGNOSIS: Urinary Stone Urine R\E Plenty of water intake USG of KUB

Inj./Tablet rolac / norvis/anadol/clofenac Plain X ray of KUB

CBC

plus

Tablet napa bd Tablet omidon bd Tablet trupan bd

surgery

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