dr ravi

BDS,MBBS Clinic Name Clinic Address

Phone: 8470960829



Patient Details

Name: dsbvs Age: 25 Gender:

Appointment ID: APPT-IC1BV5GLTQ **Date:** 08-08-2025

Symptoms

- Chest Pain
- Sore Throat
- Cough
- Shortness of Breath
- Abdominal Pain

Clinical Notes

notes

Medical Histroy

hsitroy

Diagnosis

- Bronchitis
- Pneumonia
- Stroke
- Coronary Artery Disease

Medicines

| Medicine | Dosage | Frequency | Duration | Instruction |
|-----------|--------|-----------|----------|-------------|
| paracetal | 2 mg | OD | 4 days | With Food |
| ibutepg | 23 mg | HS | 5 week | As Directed |

Tests/ Investigations

- Vitamin D Test
- Electrolyte Panel
- Renal Function Tests (RFTs)
- Liver Function Tests (LFTs)

| Follow-up Indicate the state of the state o | Advice / Instruction | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|------------------|
| olowo | 11 | | | |
| | | | | |
| Doctor's Signatu | olowo | | | |
| Doctor's Signatu | | | | |
| | | | | Doctor's Signatu |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |