**PRESCRIPTION NOTES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name :** |  | **Age/Sex :**  |  **UHID :** | MHRC/  |  |
| **Consultant :** |  |  |  |  |  |
| **Admitted On :****Address :** | DATE : | TIME : |  |  |  |
| **C /O**  |   |
| **H/o Past Illness** | TB, DM, HT.  |
| **O/E :** | **PULSE :** |  /Min. | **B.P.**  |  mmhg | **R.R.**  |  /Min | **TEMPERATURE**  |  0 F |
| **PALLOR :** |  | **ICTERUS**  |  | **CYNOSIS**  |  | **PEDAL OEDEMA**  |  |
| **CVS :**  |  | **CHEST :** |  | **CNS :**  |   | **SPO2  :**   |
|  | **B. SUGAR :** |  | **WT. :** |  | **HT :** |  | **GCS : E V M** |
| **Local examnations** |  |
| **Investigation**  | CBC, ESR, RFT, LFT, ELEC., B. Sugar- Fasting/HBA1C, Uric Acid, MP Para, WIDAL, TYPHIDOT, DENGUE, T3 T4 TSH, HIV, HBsAg, HCV, B. Group, ABG, ECG, 2D ECHO, X-Ray CHEST, X-RAY ABDOMEN, AP ERECT, CT SCAN- BRAIN/THORAX/ABDOMEN, |
| **Provisional diag.** |  |
| **Final Diag.** |  |
| **PLAN OF TREATMENT** |  |
| **Treatment advise during hospitalization** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO.** | **DRUGS** | **DOSE** | **ROUTE** | **FREQUENCY** | **DURATION** |
| **01** |  |  |  |  |  |
| **02** |  |  |  |  |  |
| **03** |  |  |  |  |  |
| **04** |  |  |  |  |  |
| **05** |  |  |  |  |  |
| **06** |  |  |  |  |  |
| **07** |  |  |  |  |  |
| **08** |  |  |  |  |  |

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