**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** |  |  |  |  |  | | | | | | | | | | | | | |