

TREATMENT CONTINUATION SHEET



Dr. Goswami's

MARUTI NURSING HOME

FRACTURE & WOMEN'S HOSPITAL

Hanuman Chowk, Mulund (E), Mumbai - 400 081.

Patient's Full Name: MRS. Kamlu

Age: 45 years Ward: Genl - 2

Consultant in-charge: Dr. Mihir Patel
Goswami

IN PATIENT RECORD

Date Stamp & Time	For History / Examination / Operative Notes / Procedures / Delivery Notes	Treatment Orders
	<input type="checkbox"/> MEDICAL / SURGICAL / DAYCARE	<input type="checkbox"/> TPR / BP _____ hrly
	<input type="checkbox"/> PRE OP / POST OP DAY _____	<input type="checkbox"/> HGT / FPBS _____ hrly
	<input type="checkbox"/> NBM / CONSENT / MLC / REIMBURSEMENT	
	<input type="checkbox"/> PHYSIOTHERAPY / TRACTION _____ KG	
<u>11/6/14</u>	<u>S/B Dr. Anil Datar</u>	
<u>2pm</u>	<u>Thank for the referral</u>	
	<u>Pts. preoperatively healthy</u>	
	<u>W/O back pain in 5-6 days</u>	
	<u>with both lower limb weakness</u>	
	<u>Spinal cord & spondylosis to be</u>	
	<u>operated. refused for further</u>	
	<u>No known allergies</u>	
	<u>No addiction</u>	
	<u>No major illness in the past</u>	
	<u>O/E</u>	
	<u>Stable</u>	
	<u>Afebrile</u>	
	<u>P- 72/4</u>	
	<u>BP - 120/80</u>	

(Control)

Doctor's Signature _____