

1
Call attended by doctor on duty
Ward No. NI-14 time 6:34 pm

A 40 y.o female came with
complaint of headache, dizziness,
numbness of both upper and lower
limbs, amnesia, nausea, profuse
sweating, loss of vision
GCS = 15/15

Refer to neuromedicine
w # 28.

2
Call attended by doctor on duty
Ward No. _____ time _____

3
Call attended by doctor on duty
Ward No. _____ time _____

Migraine

Tab. dexam cortis /
5mg
3+3+0 5 days
2+2+0 5 days
1+1+0 5 days

2 weeks
Tab. Triptan /
25mg
0+0+1

Tab. Serc /
16mg
1-1

Tab. Flexin /
500mg - 5 days
1-1

Cap. Rise K long
1+1+1

Admitted in ward no: _____
Dr. Name with sign: _____

Discharge on Treatment: _____

F/U in O.P.D. no: _____
Days: _____
Timing: _____

Consent for Medical Procedure /Unknown Patient
2 weeks

Name Tab. Neurobion
1x1

Relations/Location _____

Contact No. _____

C.N.I.C No. _____

Signature _____

122
CNL
Phone
A/S: