



Cosmopolitan Hospitals Pvt Ltd

Pattom, THIRUVANANTHAPURAM-695 004, Phone: 0471-2521252

Prescription



Patient ID	W001311214	Patient Name	Mr. Sasidharan G
Address	KRA 4,NALUMUKKU, PETTAH, TVM	Gender / Age	Male / 77Y 1M 14D
		DOB	17/04/1944
Mobile	6282363720	Visit Date	31/05/2021
Home		Doctor Name	Dr. BIJU R
Email			CARDIOLOGY
eRX RefNo		Insurance Member Id	
Review Date After 2 Month(s)			

Other Diagnosis SEVERE PAH. ?THROMBOEMBOLIC. DM TYPE2. A/C ON CKD. SYST. HTN BPH. S/P TURP

Prescription Details

Sl#	Medicine	Strength	Dosage	UOM	Frequency	Route	Period	Remarks	Total Qty
1	Aspirin Gastro-Resistant (Ecosprin 150 Mg Tab)	150mg		No	0-1-0	ORAL	2 Months	After Food	60
2	Atorvastatin 10 Mg (Aztor 10 Mg Tab)	10mg		No	0-0-1	ORAL	2 Months		60
3	Cilnidipine Tab (Cilaheart-10 Mg Tab)	10mg		No	1-0-1	ORAL	2 Months		120
4	Apixaban Tab (Apigat 2.5 Tab 30S)	2.5mg			1-0-1		2 Months		120
5	Tamsulosin Hcl (Veltam 0.4 Tab)	0.4mg		No	0-0-1	ORAL	2 Months		60
6	Biphasic Isophane Insulin Injection (Human Mixtard 40 lu 10 ML Vial)	30/70		Botl	24-0-12	SUB CUTANEOUS	2 Months		1
7	Pantoprazole Sodium (Pantop 40 Mg Tab)	40mg		No	1-0-0	ORAL	2 Months	Before Food	60
8	Tablets Of Vit.B Complex With B12 (Neurobion Forte Tab)			No	1-0-0	ORAL	2 Months		60
9	Vitamin-E (Evion 400 Mg Caps)	400 mg		No	0-0-1	ORAL	2 Months		60

Signature & Stamp

Printed Date :31/05/2021 05:10:43 PM

Dr. BIJU R
, CARDIOLOGY
Reg No: 18991

This is electronically generated printout, hence signature not required.

If you have reaction to any of the above medicines, please stop taking the medicines and report to the hospital or concerned doctor.

Ph: 0471-2521141, 2521105