

PART B

(To be filled by the Doctor of Govt. Hospital)

1. Name of Doctor :
2. Designation :
3. The date from which the patient is undergoing treatment :
4. Deficiency Factor : Factor VII / Factor VIII / Factor IX
5. Intensity of Deficiency : Less than 1%
Between 1% -- to --5%
Greater than 5%
6. Brief history of the treatment undertaken so far :

7. The drugs prescribed to the patient

Sl. No.	Name of Drugs	Strength	Frequency	Qty required

8. Whether patient has inhibitor :
9. Any Special conditions are to be taken care of :

Signature of Consulting Doctor

Signature of Superintendent/ Medical Officer

Place :

Date :

Office seal