To

The Principal,
ODM Public School
Sishu Vihar, Patia,
Bhubaneswar – 751024

Sub: Request to change my daughter's class from day boarding wing to day scholar wing.

Respected Sir,

I am Pritinanda Rout, mother of Anwesha Barik. She is studying in class -II, Day Boarding (School number – 10554). I would like to inform you that my daughter has been facing health problems like stomach ache and vomiting. Prescription is enclosed for your immediate reference. She is very choosy and very slow to eat. She is not eating properly in school, which is causing her health problems.

Therefore, I request you to kindly consider my application and transfer her from day boarding wing to day scholar wing from class -III.

With Regards,

Prutinanda Rout (Pritinanda Rout)

M/o: Anwesha Barik Niladrivihar, Bhubaneswar

M-8280142615

Date: 21.11.2022

## OPD PRESCRIPTION





UHID.

UH 2022021740

NAME MOBILE No. ANWESHA BARIK 9437015184

ADDRESS

**NILADRI VIHAR** 

DR. KANHU PANDA

MD(PEDIATRICS)

DATE

10/10/2022

8 Y/F AGE/SEX

REFERRED BY

DR. KANHU PANDA

PATIENT NO

DEPT.

PAEDIATRIC

DOCTOR

VITALS: HEIGHT:

cm, WEIGHT: 24

Kg, BP:

mmhg, PR:

B/M, **SPO2**:

%, TEMP:

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Follow Up:

In Case Of Emergency, Please Contact: +91-6742651200/ 6370704001/6370704002 Note: Only One Follow Up Visit With 7 Days Of The First Consultation Is Complementary. Patient / Attendant Declaration:

We Have Understood The Advice Including Medicine Dose, Duration And Steps To Be Taken In Case Of Emergency.

(Signature Of The Patient/Attendant)

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## **OPD PRESCRIPTION**



UH 2022021740 UHID. DATE 24/09/2022 ANWESHA BARIK NAME AGE/SEX 8 Y/F 9437015184 MOBILE NO. REFERRED BY MR. SELF **NILADRI VIHAR** ADDRESS PATIENT NO Dr. KANHU PANDA MD(PEDIATRICS) **DOCTOR** DEPT. PAEDIATRIC HEIGHT: cm, **WEIGHT**: 24.9 Kg, ВР: VITALS: mmhg, PR: B/M, SPO2: %, TEMP: ٥F % Interithe pain Aldonen Tal. LANZOL Follow Up: Doctor's Name & Signatu

In Case Of Emergency, Please Contact: +91-6742651200/ 6370704001/6370704002

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(Signature Of The Patient/Attendant)

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