

Dr. ARUN KANNAN

MS Ortho (AIIMS),FAOA (AUS),FARS (USA)

Outpatient Summary and Prescription**ORTHOPAEDICS****Mr. RAJAKUMARI DURAIRAAJ**

UHID :APJ1.0036603781

Female, DOB : 28-SEP-1972(53Y 8M 25D)

OP Number - Visit ID :
OP14123932-1**Visit Date : 22-Jun-2026**

Address : Hyderabad Hyderabad Telangana India

Phone : 91-9487777191

Allergy :- No Known Allergy**HISTORY OF PRESENT ILLNESS**

C/o Left wrist pain for 2 months

Pain aggaravacted with daily activities

No h/o trauma

PAST MEDICAL HISTORY

Hypothyroid(Visit Date:22 JUN 2026)

PHYSICAL EXAMINATION

Left wrist

Tenderness over radial styloid

ROM - full

Neurology intact

DP +

DIAGNOSIS :

1 . Left Dequervain's tenosynovitis

**MEDICINES:**

(There may be more medicines on the next page, please go through the entire prescription)

**Morning****Afternoon****Evening****Night****1. ALTRADAY CAP****10'S(ACECLOFENAC+RABEPRazole 200MG+20MG)**

1, Oral,1 Capsule(s), (Morning), After Breakfast, from 22-Jun-2026 (MON) For 10 Day(s)

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2. LUBRICA-FORTE TAB 15'S(COLLAGEN PEPTIDE +ROSE HIP EXTRACT+SODIUM HYALURONATE +VITAMIN C)

-, Oral,1 Tablet(s), (Morning & Night), After meal, from 22-Jun-2026 (MON) For 1 Month(s)

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3. VOLITRA-APS 30ML TOPICAL SOLUTION(DICLOFENAC)

30ML, Apply Externally,1 puff(s), (Morning & Evening) from 22-Jun-2026 (MON) Till Next Review

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ADVICE

Physio: local ultrasound therapy 7-10 days

Dr. ARUN KANNAN
ORTHOPAEDICS
Registration No: 76207

