

Dept. of Nephrology  
 Dep. of Hospital  
 N.R.S.M.C. & Hospital

DEPARTMENT OF HEALTH & FAMILY WELFARE  
 GOVERNMENT OF WEST BENGAL  
 OPD Patient Card  
 N.R.S MEDICAL COLLEGE & HOSPITAL  
 138, A.J.C BOSE ROAD, KOL-700014  
 (PH:(033) 2286-0103-08)

DR. AVISEK MAITY  
 User Name: ...  
 Password: ...

Name : APARNA PAUL [NRSM/OR1900138922] Day : Friday  
 Sex : Female Age : 45 Yrs. Months 0 Days Reg. No.: NRSM/RG1900166039  
 Ref. From : 922/19 Reg. Date : 01-03-2019  
 Card No.: NRSM/OR1900138922  
 Visit No. : 1 Department : Nephrology Visit Date : 01-03-2019 Time : 09:45AM  
 Doctor/Unit Name (DOW) : DR. P. MUKHOPADHYAY/DR. A. MAITY/DR. A. ROYCHOWDHURY  
 Room No. : 5 Entry No. :

Visit No. : 2  
 Visit Date : Tm.  
 Department :  
 Doctor/Unit :  
 Entry No. :

Visit No. : 3  
 Visit Date : Tm.  
 Department :  
 Doctor/Unit :  
 Entry No. :

Visit No. : 4  
 Visit Date : Tm.  
 Department :  
 Doctor/Unit :  
 Entry No. :

Clinical Notes	ADVICE
<p>01 MAR 2019</p> <p><u>C/O</u></p> <p>Char pain</p> <p><u>P/H/O</u></p> <p>MHO 3/wkly</p> <p>lead 1, 2</p> <p><u>Right atrial enlargement</u></p> <p>Δ CVD stage E  <u>on Dialysis</u></p> <p>ē ST-T  <u>change in</u>  <u>multiple leads</u></p>	<p><u>Advice</u></p> <p>Cont an previous medscb-</p> <p>Continue MHO 3/wkly</p> <p><u>Refer to Cardiology OPD</u></p> <p>Attend OPD after 2 weeks</p> <p>ē the reports of natu doc</p> <p>UA Hb 1. urine R/M/R</p> <p><i>[Signature]</i>        1/3/2019</p>