

**DEPARTMENT OF WEST BENGAL**

**DEPARTMENT OF HEALTH & FAMILY WELFARE**

**Calcutta National Medical College & Hospital**

**24, Gorchand Road, Beliapurkur, Kolkata:-**

**700014**

**(PH:033-23018100)**



**PATIENT INFORMATION**

Name : **SHAHRIKH KHAN**  
 Sex : Male  
 Age : 16 Yrs. 0 Months 0 Days  
 Phone No :  
 Department : **ORTHOPAEDIC**  
 Doctor/Unit Name(DOW) :  
 Prof.A.J.Kundu/Dr.N.Dugar/Dr.A.Chanda  
 Room No. : 15  
 Paid Rupees : 2  
 Reg No. : **NMCH/RG1800356566**  
 Reg. Date : 02-07-2018  
 Card No : **NMCH/OR1800328889**  
 Visit No : 1  
 Visit Date : 02-Jul-2018  
 Time : 11:57 AM  
 Day : Monday

**CLINICAL NOTES**

BP Pulse Rate Weight Temperature

**PROVISIONAL DIAGNOSTIC**

**ACHONDROPLASIA  
 RECURRENT FALL  
 RT KNEE HAEMARTHROSIS**

**TEST ADVICE**

**DIITAL XRAY RT KNEE AP/LAT**

**CLINICAL/LOCAL EXAMINATION**

**EFF RT KNEE**

**ADVICE**

**REST ICE PACK**  
**CREPE BANDAGE**  
**1. Aceclofenac 100mg + Paracetamol 325mg 1 tab BD After Meal 5 days**  
**2. Tab Pantoprazole 40mg 1 tab od Before Breakfast 5 days**

Doctor Signature : **Dr.N.Dugar**

*(Handwritten signature)*