

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

OPD Patient Card

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*Am*  
16/8/18

Name :	Age :	Yrs.	Months	Days	Day :	
Sex :					Reg. No.:	
Ref. From :					Reg. Date :	
					Card No.:	
Visit No. : 1	Department :				Visit Date :	Time :
Doctor/Unit Name (DOW) :						
Room No. :				Entry No. :		

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

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

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

Clinical Notes	ADVICE
<p><u>C/O</u> headache and enlarged neck nodes in Rt hand no H/O weakness <u>(Rt L4)</u> no H/O HTN, T2DM, H/O Smoking BP - 136/80 mmHg.</p> <p><u>LAB / MPDA / NSI ANTIGEN</u> <u>PPBS / FBS / HBA1C / UREA / CR</u> <u>LET / LIPID PROFILE</u> FT4, T3, TSH USG OF W/A MRI / NCCT OF BRAIN CXR - PAV</p>	<p><u>Adv.</u> s/r. diet</p> <ul style="list-style-type: none"> <li>- T. Atorna (w) - 1 tab od x 30 days.</li> <li>- T. <del>Wazir</del> (w) - od x 1mm</li> <li>- T. <del>Pan</del> (w) - od x 1mm</li> <li>- CT scan brain (urgent)</li> </ul> <p><u>Recd. all 12/11/18</u> Recd 2 Reports</p> <p><u>Op.</u> 16/08/18.</p>