

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card

College of Medicine & Sagare Dutta Hos.
B.T. ROAD, KAMARHATTI, 700058
(P.H.O.)

(Handwritten signature and date)
16/5/12

Name : _____ Day : _____
 Sex : _____ Age : _____ Yrs. Months Days 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 : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 2 Tm. : _____	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Tm. : _____	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Tm. : _____
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Clinical Notes	ADVICE
<p>Ho - difficulty in speech for 1 day</p> <p>Ho - fever for 2 days</p> <p>- diminished Consciousness</p> <p>Keto - DM : was also present initially.</p> <p>S/E - 7th CN - WNL.</p> <p>12th CN → No tongue deviation. Fasciculation seen. Power of Tongue - (N)</p> <p>Uvula - Central in position.</p> <p>Jaw Jerk - Not exaggerated.</p> <p>Clinically no isolated CN palsy seen</p>	<p><u>Adv.</u></p> <p>Refd. to MRPD</p> <p>- NCLT Brain.</p> <p>- FBS, PPBS, ESR, Ur.</p> <p>Review in R</p>