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

18/8/18

College of Medicine & Sagore Dutta Hospital
B.T ROAD , KAMARHATI , 700058

Name :			Day :
Sex : KALPANA SAHA	Age : Yrs. Months Days		Reg. No.: Saturday
Ref. From : Female	60		Reg. Date :
			Card No.: 18.08.2018
Visit No. : 1 Department :		Visit Date :	Time :
Doctor/Unit Name (DOW) : MEDICINE		18.08.2018	
Room No. :		Entry No. :	

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit:	Doctor/Unit:	Doctor/Unit:
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
C/O → weakness Rt side slurring of speech BP = 170/80 mg KCl 10 = THS constipation [illegible]	Adv - CT scan of brain - Tab. Vit D3 + Ca 24 1 for OD x 15 h - Tab. Amlo (5) 1 — x — x [illegible] - Tab. Losar (50) x — x — 1 [illegible] x Syrup. Lactulose 3BF x BD x [illegible] Tab. ALP (25) 1 in ODHS x 15 h - Revisit Report
CBC / MPDA / NS1 ANTIGEN PPBS / FBS / HBA1C / UREA / CR LFT / LIPID PROFILE FT4, T3, TSH USG OF W/A MRI / NCCT OF BRAIN CXR - PAV	