

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

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 : _____ Visit No. : 2
 Department : _____
 Doctor/Unit : _____
 Entry No. : _____

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

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

Clinical Notes

17 AUG
 R.I.F. pain
 x 1 wk
 off on pain
 Cont. pain occ.
 exacerbations
 // Nausea
 //
 USG: R.I.F. probe
 tenderness. App. not
 visualised.
 No sig. infl. change
 in R.I.F.
 Menarche not yet achieved.

ADVICE

A. → Bslw for Ur. Cr. CBC.
 → CECT Lower Abdomen.
 → Tab. Cifran (500) - BD x 5 days.
 → Tab. Hyosimox / Buscopan (10) - BDAC
 x 3 days
 → ~~Tab.~~ Pan- (40) - ODAC x 7 days.
 → Tab. Albend (400) - single dose at HS
 - Review & Repeat