

07/3/21  
 MRI

ORTHOPAEDIC UNIT DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF WEST BENGAL  
 I.C. Kailash Medical College & Hospital  
 OPD Patient Card  
 1, Khudiram Bose Sarani, Kolkata-700004  
 (PH:033-25557676)

User Name : bablu  
 Paid Rupees : 2

RAKHI MALLICK  
 Female 30 0 0 [RGKM/OR1800710512]

Friday

|                          |             |                      |        |  |              |                   |            |
|--------------------------|-------------|----------------------|--------|--|--------------|-------------------|------------|
| Name :                   | Age :       | Yrs.                 | Months | Days   | Day :        | Reg. No. :        | Card No. : |
| Sex :                    | Ref. From : | ORTHOPAEDIC UNIT-III |        |  | 02-11-2018   | RGKM/OR1800710512 | 01:45PM    |
| Visit No. : 1            |             |                      |        | Department :                                       | Visit Date : | Time :            |            |
| Doctor/Unit Name (DOW) : |             |                      |        | Prof. K Banerjee/Dr. E Hossain/Dr. R Shaw/Dr. H De |              |                   |            |
| Room No. :               |             |                      |        | 106  |              |                   |            |
| Entry No. :              |             |                      |        |  |              |                   |            |

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

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|---------------|---------------|
| 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>C/O. Low back pain.</p> | <p>Adv: -</p> <p>T. Zorodol - P - 1 tab<br/>           BDPC ASD</p> <p>T. Rantac (300) - 1 tab<br/>           OD x 5d.</p> <p>MRI - L spine.</p> <p>TCA 2 wk.</p> <p><i>[Signature]</i></p> |