

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

PHYSICAL MEDICINE & REHABILITATION **OPD Patient Card**
R.G. Kar Medical College & Hospital
1, Khudiram Bose Sarani, Kolkata-700004
(PH:033-25557676)

User Name : shadab
Paid Rupees : 2

| | | | | |
|--------------------------|--------------|------------------------------------|---------------|-------------------|
| Name : | SOMALI GHOSH | [RGKM/OR1800711402] | Day : | Saturday |
| Sex : | Female | Age : 35Yrs. | Months (Days) | |
| Ref. From : | | | Reg. No.: | RGKM/RG1800770653 |
| | | | Reg. Date : | 03-11-2018 |
| | | | Card No.: | RGKM/OR1800711402 |
| Visit No. : 1 | Department : | PHYSICAL MEDICINE & REHABILITATION | Visit Date : | 03-11-2018 |
| Doctor/Unit Name (DOW) : | | Dr. S. Iswari (Assoc. Prof) | Time : | 10:14AM |
| Room No. : | | | Entry No. : | |

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|---|---|---|
| Visit No. : 2 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____ | Visit No. : 3 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____ | Visit No. : 4 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____ |
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| Clinical Notes | ADVICE |
|---|--|
| <p>Severe Low back pain</p> <p>Xray LS spine → Degenerative changes</p> <hr style="width: 20%; margin-left: 0;"/> | <p align="center"><u>Advise</u></p> <p align="center">- MFTLS spine. Ⓢ (Wegans)</p> <p align="right"> 03.11.18 </p> |