

Name :	Day :	03-11-2018
Sex :	Reg. No. :	RGKM/OR1800711568
Age : Yrs. Months Days	Reg. Date :	10:30AM
Ref. From :	Card No. :	
Visit No. : 1 Department :	Visit Date :	Time :
Doctor/Unit Name (DOW) :	Entry No. :	
Room 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
<p>1st i radiation</p> <p>(R) limb.</p> <p>moving all 4 limb.</p> <p>RT → 30°</p> <p>LT → 170°</p>	<p>MR ILS spine.</p> <p>- 7. PM (gm) 1200 hrs SD</p> <p>- 7. GM (no) 1140 hrs SD</p> <p>- Refd to neuro sp SD</p> <p>(Wed / Fri)</p>