

10/30A

MISBAH

[RGKM/OR1800708925]

Friday

Name :	Female	4	5	0	Day :	02-11-2018
Sex :		Age :	Yrs.	Months	Days	Reg. No. RGKM/OR1800708925
Ref. From :		PAEDIATRIC			Reg. Date :	02-11-2018
		Dr. Shaborna Roy (Asst. Prof.)			Card No. :	11:22AM
Visit No. : 1	Department :	305	Visit Date :		Time :	
Doctor/Unit Name (DOW) :			Entry No. :			
Room No. :						

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

Clinical Notes	ADVICE
<p>Inclusion to curv</p> <p>no organomegaly</p> <p>? Wilson's disease</p>	<p>Subj!</p> <p>MRI of Brain (P)</p> <p>To Cont. all medicines as before till further advice</p> <p><u>h</u> 4/11/18</p>