

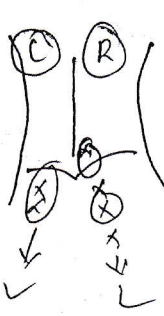
DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

PHYSICAL MEDICINE & REHABILITATION  
OPD Patient Card

R.G. Kar Medical College & Hospital User Name : ujjawal  
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2  
(PH:033-25557676)

Name : SAHID ALI MOLLA	Yrs. 0	Months 0	Days 0	Day : Tuesday
Sex : Male	Age : 28	[RGKM/OR1800715803]		Reg. No. : RGKM/RG1800775867
Ref. From :				Reg. Date : 06-11-2018
				Card No. : RGKM/OR1800715803
Visit No. : 1	Department : PHYSICAL MEDICINE & REHABILITATION	Visit Date : 06-11-2018	Time : 09:13AM	
Doctor/Unit Name (DOW) :	Dr. S Iswarari (Assoc. Prof)	Entry No. :		
Room No. :				

Visit Date : Department : Doctor/Unit: Entry No. :	Visit No. : 2 Tm.	Visit Date : Department : Doctor/Unit: Entry No. :	Visit No. : 3 Tm.	Visit Date : Department : Doctor/Unit: Entry No. :	Visit No. : 4 Tm.
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Clinical Notes	ADVICE
<p>06 NOV 2018</p> <p>Ch. LBP &gt; 1 yr.</p> <p>Night Pains.</p> <p>No morning stiffness.</p> <p>Coughing precipitates pain</p> <p>Non smoker.</p>  <p>LBP + B/L L/L <del>leg</del> pain.</p>	<p>Physical Medicine &amp; Rehabilitation OPD R.G. Kar Medical College, Kal-04</p> <p><i>(Signature)</i></p> <p>Advice</p> <ul style="list-style-type: none"> <li>* X-ray LS ← AP Lat.</li> <li>① MRI LS Spine with SIJ screening.</li> <li>② Cap Evoco OD AC x 1 month.</li> <li>③ T. PCM 670-705 x 5d.</li> <li>④ Molday Nano gel for LA + Ice compression.</li> <li>⑤ To r/v with reports.</li> <li>⑥ To PT</li> <li>⑦ T. Amr 25 HS x 30d</li> </ul> <p>Spinal exts exercises.</p> <p><i>(Signature)</i></p>