

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
OPD Patient Card**

MEDICINE 473

R.G. Kar Medical College & Hospital      User Name : shadab  
1, Khudiram Bose Sarani, Kolkata-700004      Paid Rupees : 2

Name :	(PH:033-25557676)	Day :	Monday
Sex :	MAYA CA GRABON MRS.	Reg. No.:	RGKM/RG1800714234
Ref. From:	Female      48      0      0	Reg. Date :	05-11-2018
Visit No. : 1	Department :	Card No.:	RGKM/RG1800714234
Doctor/Unit Name (DOW) :	MEDICINE	Visit Date :	05-11-2018
Room No. :	Prof. P S Karmakar/Prof. J Pal/D. Sanyal/Dr. S. Ghosh/Dr. S. Ghosh (Asst. Prof.)	Time :	11:00AM
	Entry 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><i>Large swelling (firm) - Rt. thigh x 6 months</i></p> <p><i>↙</i></p> <p><i>↳ Rt. inguinal Lymphadenopathy - &amp; Rt. testis</i></p> <p><i>oedema (+) (Rt) / Lt)</i></p>	<p><i>Adm.</i></p> <p><i>↳ Refd to. Do the OPD. for proper evaluation &amp; management.</i></p> <p align="center"><i>P. Sanyal</i></p> <p align="center"><i>05/11/18</i></p>

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