


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

PAIN CLINIC 10

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

Name : AMIYO MITRA	[RGKM/OR1800723185]	Day : Friday
Sex : Male	Age : 47 Yrs. 0 Months 0 Days	Reg. No. RGKM/RG1800783967
Ref. From :		Reg. Date : 09-11-2018
		Card No. RGKM/OR1800723185
Visit No. : 1	Department : PAIN CLINIC	Visit Date : 09-11-2018
Doctor/Unit Name (DOW) :	Prof. Dipasri Bhattacharya/Dr. B.B. Gharami (Asst.Prof.)/Dr. P. Biswas	Time : 01:21PM
Room No. : 105		Entry 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>c/o - chronic Neck pain radiating to both arms R & L.</p>	<p>Adv.</p> <ul style="list-style-type: none"> - X-ray C5 spine { AP <li style="margin-left: 150px;">Lat. - MRI C5 spine - MRI L5 spine. - T. PCM (500) BD x 1 month. - T. Pan (40) ODAC x 1 month. - T. Pregabalin (75) - ODS x 1 month. - T. AMT (25) - ODS x 1 month. - Rev. \bar{c} reports / sos. <p style="text-align: right;">  9/11/18. </p>