

Name : _____ Day : 09-11-2018
 Sex : _____ Age : _____ Yrs. _____ Months _____ Days _____ Reg. No.: _____
 Ref. From : _____ Prof. U.S. Ghosh, M.D., M.Ch., F.R.C.S. (G) Reg. Date: _____ Card No.: _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor/Unit Name (DOW) : _____ Entry No. : _____
 Room No. : _____

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

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

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

Clinical Notes	ADVICE
<p>40!> Pain for neck for last 1 year. no w/o vomiting, vertigo no w/o HTN, T2DM, diabetes hypothyroid no LBP, O/E: tenderness (4/5) tenderness.))</p>	<p>Ref. to <u>FMOPD</u> (a) ✓</p> <p><u>adv</u></p> <p>- Tab Pan 40 1 tab OD x 7 days</p> <p>- Tab Acetylsalicylic acid (ASA) 1 tab OD x 7 days</p> <p>- Syrup Sacral 0 2 TSP OD x 7 days</p> <p>- <u>INVT</u> [MRI of Cervical spine]</p> <p>refer to PMR OPD next day</p> <p>TCA 1 wk I report.</p> <p>21/11/18 9:41/57415 10:30 pm P.S. Dasgupta</p>