

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

PHYSICAL MEDICINE & REHABILITATION OPD Patient Card

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

Name : ALOPATI PAIK	[RGKM/OR1800723794]	Day : Saturday
Sex : Female	Age : 55 Yrs. 0 Months 0 Days	Reg. No: RGKM/RG1800784758
Ref. From :		Reg. Date : 10-11-2018
		Card No: RGKM/OR1800723794
Visit No. : 1	Department : PHYSICAL MEDICINE & REHABILITATION	Visit Date : 10-11-2018
Doctor/Unit Name (DOW) :	Dr. S Iswarari (Assoc. Prof)	Time : 09:55AM
Room No. :	110	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 align="center">10 NOV 2018</p> <p><i>[Handwritten notes in Bengali]</i></p> <p><i>[Signature]</i></p>	<p align="center">Physical Medicine & Rehabilitation Dept R.G. Kar Medical College, Kolkata</p> <p align="center"><i>[Signature]</i></p> <p align="center">T-Rajeev <i>[Signature]</i></p> <p>① Tab. PARACETAMOL (500mg/650mg) - 1mg 2x</p> <p>② Tab. IBUPROFEN (200mg)</p> <p>Tab. FAMOTIDINE (20mg) / PANTOPRAZOLE (40mg)</p> <p>Tab. CALCIUM+VIT D3</p> <p>Tab. DOXYCYCLINE (100mg) - 1mg 2x</p> <p>Tab. PREDNISOLONE (10mg) - 2mg 2x</p> <p>Tab. CIPROFLOXACIN (500mg)</p> <p align="center">MRI (L/S) <i>[Signature]</i></p> <p align="center"><i>[Signature]</i></p>