

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

MEDICINE 050

OPD Patient Card

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

Name : SUBODH MANDAL	[RGKM/OR1800635315]	Day : Monday
Sex : Male	Age : 53 Yrs. 0 Months 0 Days	Reg. No. : RGKM/OR1800687321
Ref. From :		Reg. Date : 01-10-2018
		Card No. : RGKM/OR1800635315
Visit No. : 1	Department : MEDICINE	Visit Date : 01-10-2018
Doctor/Unit Name (DOW) :	Prof P S Karmakar/Prof J Pal/Dr. Saurav Maji(Asst Prof)	Time : 12:58PM
Room No. :	201	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>clo numbness of of upper limbs x 2nd</p> <p>epi. rt. numbness of VL</p>	<p>M. As to numbness R/L 201</p> <p>Adv MRI brain.</p> <p>T. vit B comp - 1 tab OD x cont</p> <p>T. pregabalin (75) 1 tab OD</p> <p>T. pan 40 1 tab OD AC x cont</p> <p>- Review after 4 wks</p>