

PAYEL BANERJEE
 Female 21 0 0

[RGKM/OR1800740234]

RGKM/RG1800802594

Name : _____ Day : 16-11-2018
 Sex : _____ Reg. No.: RGKM/OR1800740234
 Ref. From : _____ Reg. Date : 01.23PM
 Card No.: _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor/Unit Name (DOW) : _____ Entry No. : _____
 Room No. : _____

Visit No. : 2 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____
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Clinical Notes	ADVICE
<p>clio Pain (R) Ankle & Foot 20/11/18</p>	<p>Bl. for CRP ESR, RA factor MRI (R) ANKLE MRI (R) Foot DX-Rp ANKLE & AP Cop Evion 200 BD X 2 weeks</p> <p><i>[Signature]</i></p>