NEURO MEDICINE 29 DEPARTMENT OF HEALTH & FAMILY WELFARE User Name : bablu Covernment of West Bengadital 1, KhudiraOPDcRatientnCardolkata-700004 Paid Rupees: 2 (PH:033-25557676) Tuesday [RGKM/OR1800618187] KANAI BERA RGKM/RG1600608773 65 Male Day : RGKM/OR1800618187 Name Reg. No.: Reg. Date : Yrs. Months NEURO MEDICINE Days Age: Sex Prof. K.B. Bhattacharya/Dr. Dhiman Das Ref. From: Card No .: Time: Visit Date: Visit No.: 1 Department: Doctor/Unit Name (DOW): Entry No. Room No. Visit No. : 4 Tm. Visit No. : 3 Tm. Visit Date Visit Date Visit Date Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Entry No. Entry No. ADVICE Clinical Notes CA-Prophete DR. DHIMAN DAS Assistant Protessor Dent of Neuro Mediane VEIL OF WELLS PROCESSES MR Spechoscopy

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