

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R.G. Kar Medical College & Hospital

User Name :
sanghamitra

1, Khudiram Bose Sarani, Kolkata-700004
(PH:033-25557676)

Paid Rupees : 2

UNIT - IA

স্বাস্থ্য, কলকাতা

Name : RAJENDRA PRASAD SIL [RGKM/OR1800736919]
 Sex Male Age 50 Yrs. 0 Months Days Day : Thursday
 Ref. From : Visit Date : 15-11-2018
 Reg. No. : RGKM/RG1800799042
 Reg. Date : 15-11-2018
 Card No. : RGKM/OR1800736919
 Visit No. : 1 Department : EYE
 Doctor/Unit Name (DOW) : Prof. P M (IA)/Dr. M Saha (IB) Visit Date : 15-11-2018 Time : 01:15PM
 Room No. : 408
 Entry 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. :

Clinical Notes

ADVICE

clo - Dimin of vision x
I want.

R/clo - DM. +T.M. 0.
T.M. 0.

(R) eye - optic neuropathy

(L) eye - Cornea chn.
EOM.

Adv.

- MRI - Orbit + Brain

- Tab PCAR (650) 1 tab 10's