

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R.G. Kar Medical College & Hospital

User Name : sanghamitra

Kampan Bose Sarani, Kolkata-700004 Paid Rupees : 2
(PH:033-25557676)

P1
20.9.18
25/9

Name : INNA MANDAL [RCKM/ORT1800600971] Day : Tuesday
 Sex : Male Age : 45 Yrs. 0 Months 0 Days Reg. No. : RCKM/ORT1800600971
 Ref. From : Reg. Date : 18-09-2018
 Card No. : RCKM/ORT1800600971

Visit No. : 1 Department : MEDICINE Visit Date : 18-09-2018 Time : 09:30AM
 Doctor/Unit Name (DOW) : Dr. A. & Mukherjee/Pr. & Roy/Dr. B. Kundu/Dr. S. Ghosh
 Room No. : Entry No. :

Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 2 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 3 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 4 Tm.
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Clinical Notes	ADVICE
<p>clo. Diszinen → Nausea if im</p> <p>clo. episodic vertigo for 1 1/2 months positional, no h/o fever no other symptoms</p> <p>OR PT HALL POC NOT WORK chest. clear clear S/S (+) and SN</p> <p>① BPH/OT</p>	<p>Refer. (bnp) → 207</p> <p>12/10/18</p> <p><u>Adv</u></p> <p>↓ Hx. history (16) - (has tinn + ear - S-O)</p> <p>② Blood for CBC, ESR RBS, Lipid profile fasting</p> <p>NECT brain - S-O</p> <p>Ref to ENT OPD to rule out peripheral cause</p> <p>S</p>

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