986 990330 4866 PI- Ultudense 4 1018
1836183008 DEPARTMENT OF HEALTH & FAMILY WELFARE TODAY
NEURO MEDICINE 22 GOVERNMENT OF WEST BENGAL
OPD Patient Card
R.G. Kar Me ical College & Hospital User Name: snadad
1, Khudiram B. le Sarani, Kolkata-700001 Paid Rupees: 2

(PH:)33-25557676) Name Sex Male Yrs. Ref. From: Months Day: Days Reg. No.: RGKM/BG180069522 Reg. Date: RGKM/OR1800642454 Visit No.: 1 Department: MELEN MEDIC. E. Card No .: Doctor/Unit Name (DOW): Proi K & Shattaci Tya Dr. Arup Visit Date : Room No. Time: Entry No. : Visit No.: 2 Visit Date Visit No. : 3 Visit Date Department: Visit No.: 4 Visit Date: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No.

Entry No. Entry No. Clinical Notes ADVICE C/O LBP Last 3 years Adv , Tab Acetyl MR 1 tab BDPC & 10 days 1 Tab WILD + Ca soo 1 Tous fan 40 x as ACX 10 days 1 Digital X-Roy L.S Spine APPLLAL 1 MRI LS SPINE 1 To attend. PMR OPD/ER Sos affel 4/10/18