

DEPARTMENT OF HEALTH & FAMILY WELFARE
 ORTHOPAEDIC-UNIT-II 32B GOVERNMENT OF WEST BENGAL

R.G. Kaol Medical College & Hospital User Name : bablu
 1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2
 (PH:033-25557676)

RAJARSHI DAS ROY [RGKM/OR1800767416] Wednesday

Name : Male	Age : 30	Yrs. Months Days	Day : 28-11-2018
Sex :	Ref. From :	Orthopaedic-Unit-II	Reg. No. : RGKM/OR1800767416
Visit No. : 1	Department :	Dr. H Deb/Dr. Dr D Mukherjee	Reg. Date : 28-11-2018
Doctor/Unit Name (DOW) :	Room No. :	106	Card No. : 01:23PM
Visit Date :		Time :	
Entry No. :			

Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
<p>Pain & swelling of Rt. clavicle x 1 Mnth</p> <p>↓</p> <p>Post. Subcapsular Repair done 3 Mnth isell.</p>	<p>Adv.</p> <p>MRI of Rt. clavicle (with special reference to Rt. Sternoclavicular joint) and Rt. Shoulder.</p> <p style="text-align: right;"><i>[Signature]</i></p>