

ARIF ZAMAN IRGKM/OR1800646706 Friday

Name : Male Age : 18 Yrs. 0 Months 0 Days Day : IRGKM/RG18006000008
 Sex : Ref. From : Reg. No. : 05-10-2018
 Card No. : IRGKM/OR1800646706
 ORTHOPAEDIC-UNIT-III
 Prof. K Banerjee/Dr. B Hossain/Dr. H Deb
 Visit No. : 1 Department : 106 Visit Date : Time :
 Doctor/Unit Name (DOW) :
 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>for pain in both lower limbs for last few months.</p>	<p><u>Ad</u></p> <p>⊙ MRI scan Both Legs (Right & Left Hibia) and <u>L/s spine</u> :</p> <p>⊙ T. Sheldal HD - ODPC x 1 month.</p> <p>⊙ T. P. 650 - BDPI x 9 dm.</p> <p><i>[Signature]</i></p>