

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

PAEDIATRIC 27

OPD Patient Card
R.G. Kar Medical College & Hospital User Name : nilanjan
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2
(PH:033-25557676)

Name : *RINA DAS* [RCKM/OR1800646231] Day: *Friday*
Sex : *Female* Age : *11* Yrs. *6* Months *0* Days Reg. No.: *RCKM/RG1800699218*
Ref. From: Card No.: *05-10-2018*
Visit No. : *1* Department : *PAEDIATRIC* Visit Date : *05-10-2018* Time : *09:56AM*
Doctor/Unit Name (DOW) : *Dr. Shabarna Roy (Asst. Prof.)* Entry No. :
Room No. :

Visit Date : Department : Doctor/Unit: Entry No. :	Visit No. : <i>2</i> Tm.	Visit Date : Department : Doctor/Unit: Entry No. :	Visit No. : <i>3</i> Tm.	Visit Date : Department : Doctor/Unit: Entry No. :	Visit No. : <i>4</i> Tm.
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Clinical Notes	ADVICE
<p><i>05 OCT 2018</i></p> <p><i>306 P 4 2018</i></p> <p><i>cpo. uprolling of eyes. c form</i></p> <p><i>po strab of corbs.</i></p> <p><i>since last 3 yrs.</i></p> <p><i>H/O Deme bsp mental delay.</i></p> <p><i>no H/O Perinatal asphyxia</i></p> <p><i>H/O home delivery</i></p> <p><i>did not seek any treatment before.</i></p> <p><i>(O/E) APLC</i></p> <p><i>Temp (M)</i></p> <p><i>PR-22 for. sld</i></p> <p><i>Palbs + wrist</i></p> <p><i>chest</i></p> <p><i>CVS</i></p> <p><i>RTA</i></p>	<p><i>- MRI Brain</i></p> <p><i>- EEG</i></p> <p><i>- LFT after 3 months.</i></p> <p><i>- Syp Valproate (200mg/5ml)</i></p> <p><i>5ml BD x cont.</i></p> <p><i>- To review E reports (RT (SOS))</i></p> <p><i>A.</i></p>