

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R.G. Kar Medical College & Hospital

User Name: sjarlab

3, Khudiram Bose Sarani, Kolkata-700001

Paid Receipt: 2

(PH: 033-25557676)

Name : <i>SUKAN BHOWMIK</i>	Age : <i>05</i> Yrs.	Months	Days	Day :
Sex : <i>Female</i>				Reg. No. : <i>R0KM/RG1800698712</i>
Ref. From :				Reg. Date : <i>05-10-2018</i>
Visit No. : <i>1</i>	Department :	Visit Date : <i>05-10-2018</i>	Time :	Card No. : <i>R0KM/DR1800645731</i>
Doctor/Unit Name (DOW) :		Entry No. :		
Room No. :				

Visit Date : _____	Visit No. : <i>2</i>	Visit Date : _____	Visit No. : <i>3</i>	Visit Date : _____	Visit No. : <i>4</i>
Department :	Tm.	Department :	Tm.	Department :	Tm.
Doctor/Unit :		Doctor/Unit :		Doctor/Unit :	
Entry No. :		Entry No. :		Entry No. :	

Clinical Notes	ADVICE
<p><i>LBP. since 4 years, radiating to L leg. SOB.</i></p>	<p><i>Adv.</i></p> <p><i>T. Par 40 BDAC x 10days.</i></p> <p><i>T. PCM + Aceclofenac, BDPC x 10days.</i></p> <p><i>T. Ca<sup>2+</sup> + vit. D<sub>3</sub>. BDPC x 30days.</i></p> <p><i>Inv. - MRI lumbar spine.</i></p> <p><i>Review &amp; reports</i></p> <p><i>Refer to Medicine OPD</i></p>