

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R.G. Kar Medical College & Hospital
1, Khudiram Bose Sarani, Kolkata-700004
(PH:033-25557676)

User Name : nilanjan
Paid Rupees : 2

UNIT - IIA
25/7

IRKRM/OPD/0004049011

Name : _____ Day : Wednesday
Sex : _____ Age : _____ Yrs. _____ Months _____ Days Reg. No. : _____
Ref. From : _____ Reg. Date : 25 07 2018
Card No. : _____
Visit Date : 25 07 2018 Time : _____
Visit No. : 1 Department : _____
Doctor/Unit Name (DOW) : _____ Entry No. : _____
Room No. : _____

Visit No. : 2
Visit Date : _____
Department : _____
Doctor/Unit : _____
Entry No. : _____

Visit No. : 3
Visit Date : _____
Department : _____
Doctor/Unit : _____
Entry No. : _____

Visit No. : 4
Visit Date : _____
Department : _____
Doctor/Unit : _____
Entry No. : _____

Clinical Notes	ADVICE
<p>25/7: c/o double vision + irritation of both eyes x 6m.</p> <p>VA $\left\{ \begin{array}{l} 6/6 \\ 6/9 \end{array} \right.$ out aid.</p>	<p>Refer to 408 C</p> <p>25/7</p> <p>Lt Convergent Squint, diplopia max on levoversion, LR @ slight restriction.</p> <p>Adv MRI brain and orbit</p> <p>3.</p>