

Name : RAJDIP MAITY	[RGKM/OR1800799195]	Day : Wednesday
Sex : Male	Age : 5 Yrs. Months Days	Reg. No.: RGKM/RG1800887070
Ref. From :		Reg. Date : 12-12-2018
Visit No. : 1	Department :	Card No.: RGKM/OR1800799195
Doctor/Unit Name (DOW) :	E.N.T. Prof.I.N.K./Dr.S.K.G/Dr.M.K.S/Dr.K.M	Visit Date : 12-12-2018 Time : 10:54AM
Room No. :	0	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.
---	----------------------	---	----------------------	---	----------------------

Clinical Notes	ADVICE
<p>12 DEC 2018</p> <p>306-E of 76kg Dental development delay</p>	<p>Adv</p> <p>to start 0.1g for dose of sedative</p> <p>Imms MR I binding</p> <p><i>[Signature]</i></p>