

793/18
8/10/18

GOLAM RASUL

[RGKM/OR1800651522]

Monday

Name : Male	Age : Yrs. Months Days	Day : 08-10-2018
Sex :		Reg. No. : RGKM/OR1800651522
Ref. From :		Reg. Date : 08-10-2018
		Card No. : 09.30AM
Visit No. : 1	Department :	Visit Date :
Doctor/Unit Name (DOW) :	Prof. Sandip Roy/Dr. Sunit Hazra	Time :
Room No. :	106	Entry No. :

Visit Date : Tm.	Visit No. : 2	Visit Date : Tm.	Visit No. : 3	Visit Date : Tm.	Visit No. : 4
Department :		Department :		Department :	
Doctor/Unit :		Doctor/Unit :		Doctor/Unit :	
Entry No. :		Entry No. :		Entry No. :	

Clinical Notes	ADVICE
<p>C/O pain & swelling of (R) knee</p> <p>no fall</p> <p>DOI - 2/10/18</p> <p>MOI - 7.00am</p> <p>MTOI - accidental slip</p> <p>SOI - (R) knee</p> <p>O/E</p> <ul style="list-style-type: none"> - Swelling (R) - Tenderness (R) - ADP > Palpable - PTA - NO DMMO <p>Xray shows:</p> <p># distal femur (R) side</p>	<p>adv</p> <p>Ref to 106 (E)</p> <p>Remove Slab → Room no 107</p> <p>↓</p> <p>Review.</p> <p>Refd to Respected US Sir (Room 106A) for valuable opinion.</p> <p>R MRI of (R) knee distal femur</p> <p>Refd to 307A for fitway</p> <p>Cont. this</p> <p>Kan e Mans</p>