

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R.G. Kar Medical College & Hospital User Name : shadab  
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2  
(PH:033-25567676)

Name :	Sex : Male	Age : 60 Yrs.	Months	Days	Day :	Reg. No. :	RGKM/RG1800652269
Ref. From :					Reg. Date :	29-09-2018	
Visit No. : 1	Department :	MEDICINE	Visit Date :	29-09-2018	Card No. :	RGKM/R1800630745	1010AM
Doctor/Unit Name (DOW) :	Room No. :		Entry No. :		Time :		

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.
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Clinical Notes	ADVICE
<p>No recurrent episodes of convulsions over last 2 months ↓ last episode on Sunday morning. H/O Tongue bite present.</p> <p>29 SEP 2018 No. tongue bite &amp; suspected H/O convulsions</p>	<p><u>Adv</u></p> <p>① Refer to MMOPD (201)</p> <p>d.</p> <p>→ Tab Levetiracetam (500) 1 tab BD x 5 days</p> <p>→ EEG - brain</p> <p>→ MRI brain</p> <p>→ Refer to Neuromedicine</p> <p>OPP</p>