

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card**

PAEDIATRIC 40

- R.G. Kar Medical College & Hospital User Name : shadap
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2
(PH:033-25557676)

Name :	ISHIKA SADAUGAR	ICRM/OR1800752109	Day :	Thursday
Sex :	Female	Age : 2 Yrs.	Months	Days
Ref. From :			Reg. No.:	RCKM/RG180081078
			Reg. Date :	22-11-2018
			Card No.:	RCKM/OR1800752109
Visit No. : 1	Department :	PAEDIATRIC	Visit Date :	22-11-2018
Doctor/Unit Name (DOW) :	Dr. Tapas Kumar Kundu	308	Time :	
Room No. :			Entry No. :	

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

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

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

Clinical Notes	ADVICE
<p>22 NOV 2018</p> <p>2 convulsions from the age of 5 months.</p> <p>Can't show any documents.</p> <p>No H/O - BIA.</p> <p>Abd Delay in language development.</p> <p>D/E = AC -</p> <p>HC = CGC -</p>	<p align="center"><i>[Signature]</i></p> <p align="center">Ref to P. Neuro (B)</p> <p align="center">Aer.</p> <p>--- MRI Brain ---</p> <p>--- EEG ---</p>