

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

SURGERY 162

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

Name : SUMITA CHATTERJEE [RGKM/OR1800859775]	Day : Wednesday
Sex : Female Age : 28 Yrs. 0 Months 0 Days	Reg. No. : KM/RG1800713952
Ref. From :	Reg. Date : 10-10-2018
Visit No. : 1 Department : SURGERY	Card No. : KM/OR1800859775
Doctor/Unit Name (DOW) : Prof. Gautam Ghosh/Dr. Bikash Ch. Ghosh/Dr. Tusar kanti Saradar/Dr. Surajit Sasmal	Visit Date : 10-10-2018 Time : 12:27PM
Room No. : 301	Entry No. :

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

**S.O.P.D
R.G. KAR M.C.H
Kolkata-700 004**

Clinical Notes	ADVICE
<p>(C/C) → Perianal pain 5 days.</p> <p>○ No R/O DM, HTN, Thyroid, etc</p> <p>○ On inspection ⊕</p> <p>○ on Examination:-</p> <p>(P/R) → Small painful skin lesion ⊕</p> <p>1. NO Bleeding PR</p> <p>1. Pus discharge ⊕</p> <p>○ Ext opening at 5 to clock position c pus discharge</p> <p>○ No Internal opening ⊕ a DRE.</p>	<p align="center"><u>10 OCT 2018</u></p> <p align="center"><u>Advice</u></p> <ul style="list-style-type: none"> · High fibre diet · Take plenty of water · Sitz bath three daily c Betadine solution · Tab Ciprofloxacin (500) x 7 days · Tab Metronidazole (400) x 3 days · Tab Imipenem (400) x 5 days · Apply Anesthizol ointment locally before defecation. · To collect Specimen (ved.) / for so · Report of Microbiology MR Test to gram <p align="right">[Signature]</p>