

(PH:033-25557676)


[RCKM/OR1800660202]

Wednesday

FATEMA BIBI

Name : Female	Age : 80	Yrs. : 0	Months : 0	Days : 0	Day : 10-10-2018	Reg. No. : RCKM/OR1800660202	Card No. : 01:22PM
Sex :	Age :	Yrs. :	Months :	Days :	Day :	Reg. No. :	Card No. :
Ref. From :	ORTHOPAEDIC - UNIT-II				10.10.2018	01:22PM	
Visit No. : 1	Department :	Prof. D K Pal/Dr. S. Dutta/Dr. Dr. D Mukherjee			Visit Date :	Time :	
Doctor/Unit Name (DOW) :	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>Go - LBP Radiating pain</p>	<p>Adv. - XRay L. Spine $\left\{ \begin{matrix} AP \\ Lat \end{matrix} \right.$</p> <p>- Spinal Extremity Exam</p> <p>- MRI L. S. Spine</p> <p>Rx Tab. Myolop 150 1 tab BD 5 day Tab. Movac. P 1 tab BD 5 day Tab. Pan 40 1 tab OD x 15 day</p> <p style="text-align: right;"> 10.10.18</p>