

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

ORTHOPAEDIC UNIT 29

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

Name : SANDHYA DAS	[RGKM/OR1800660025]	Day : Thursday
Sex : Female	Age : Yrs. Months Days	Reg. No. : RGKM/RG1800714971
Ref. From :		Reg. Date : 11-10-2018
Visit No. : 1	Department :	Card No. : RGKM/OR1800660025
Doctor/Unit Name (DOW) :	Orthopaedic Unit	Visit Date : 11-10-2018
Room No. :	Prof Sandip Roy/Dr Sunil Hazra	Time : 09:30AM
	Entry No. :	

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

Clinical Notes	ADVICE
<p>Ch Pain & Swelling LH knee 2h span 7 months</p>	<p><u>Adv</u> - MRI left knee joint</p>