

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

UNIT 11  
 OPD / OP  
 OPD  
 A. C. S. M. C. P.  
 Enclave

Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : Yrs. Months Days Day : \_\_\_\_\_  
 Ref. From : \_\_\_\_\_ Reg. No. : \_\_\_\_\_  
 Reg. Date : \_\_\_\_\_ Card No. : \_\_\_\_\_  
 Visit No. : 1 Department : \_\_\_\_\_ Visit Date : \_\_\_\_\_ Time : \_\_\_\_\_  
 Doctor/Unit Name (DOW) : \_\_\_\_\_  
 Room No. : \_\_\_\_\_ Entry No. : \_\_\_\_\_

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>C/O LBP +                      burning &amp;                      radiating pain                      (R) foot.                      No trauma.</p> <p>NEUROLOGICAL                      UNIT-11                      FRIDAY                      8102 130 61</p> <p>Go to @ Camp                      &amp; Medication                      no structural pain</p> <p>DM ( ) / 4                      TN ( ) / 4</p>	<p>Adv.                      - Refer to PMR OPD (110)                      - Refer to Neurosurgery.</p> <p>Adv. ① MRG Dorsal Lumbar Spine (1-5T) (P)                      ② NCV, EMG all 4 limbs                      ③ Continue ongoing medications                      ④ Re-eval autophotographs</p> <p>19/10/18</p>

1/11/18  
 at 6:45 PM

19/10/18