

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

P. O. K. Medical College & Hospital

User Name :
santhosh

UNIT 23
OPD / OP
OPD O.P.D
A. O. S. M. C. N.

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

Clinical Notes	ADVICE
<p>Ch. <u>Back Pain</u> X few months.</p> <p>H/O Injury 3yrs back.</p> <p>MOT - alleged assault</p> <p>SOI - Back</p> <p>DOI - 3yrs back.</p> <p>He.</p> <p>No swelling</p> <p>non tender</p> <p>46 low bempri</p> <p>Headache with UL (P)</p> <p>280°</p> <p>SLR L/R</p>	<p><u>Adv</u></p> <p>X Ray of lumbar spine — AP.</p> <p>lateral</p> <p>Ref to Neurosurgeon (M)</p> <p>19 OCT 2018</p> <p>NEURO SURGERY FRIDAY</p> <p>Adv ① MR9 L/S (1.5T) (P)</p> <p>② Acid forward bending, pulling heavy objects, Squatting.</p> <p>③ Tab Paracetamol 1 tab 3-4 times a day</p> <p>④ Tab Pain going 1 tab 3-4 times a day</p> <p>⑤ Tab Kellin (100mg) (1 tab 3-4 times a day)</p> <p>⑥ Rinc MR9/ERSOS 1/19/10/18</p>

2/11/18
OP 4-40pm