

Name : \_\_\_\_\_ Age : 50 Yrs. 0 Months 0 Days Day : \_\_\_\_\_  
 Sex : \_\_\_\_\_ Reg. No. : \_\_\_\_\_  
 Ref. From : \_\_\_\_\_ Reg. Date : \_\_\_\_\_  
 Card No. : \_\_\_\_\_  
 Visit No. : 1 Department : \_\_\_\_\_ Visit Date : \_\_\_\_\_ Time : \_\_\_\_\_  
 Doctor/Unit Name (DOW) : \_\_\_\_\_ Entry No. : \_\_\_\_\_  
 Room No. : \_\_\_\_\_

Visit No. : 2 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____
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Clinical Notes	ADVICE
<p>ARUF KUMAR DAI                      (Medicine) DM (Neurology)                      Associate Professor                      Department of Neurology                      R.G. Kar Medical College</p> <p>108 OCT</p>	<p>40. Headache                      w/ facial deviation at mouth                      due to weak cervical muscle</p> <p>Ref - 12/9/20                      Pw - 7/2/20</p> <p>10. MRI brain                      IT. Amlo 2.5 cap                      - Kolavay fat                      x - 1/2 x 4 days                      x - 1 x 2</p> <p>- T. 25g 1/2 hr                      - Feb 20                      - 40 Bionerve 10mg cap                      - 200mg Amlo 2.5</p>

10/18/2018