NEURO SURGERY 25 DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF WEST BENGALITAL

User Name: kaushik

1, Khudiran P. Patient Cardolkata-700004 Paid Rupees: 2

(PH:033-25557676)

SABUR MOLLA

[RGKM/OR1800482509]

Wednesday

RGKM/RG1800521433 Name Day : 01-08-2018 Reg. No. RGKM/OR1800482500 Sex Age: Months Days Ref. From: MEURO SURGERY Reg. Date: Or Amar Dhal/Dr T. pan Petra/Or Dinesh Jaluka/Dr Card No.ya

Visit No.: 1 Department: Doctor/Unit Name (DOW):

Visit Date:

Time:

Room No.

Entry No.:

Visit No. :\3

Visit Date Department: Visit No. : 2 Tm.

Visit Date Department:

Visit Date Department: Visit No.: 4

Doctor/Unit:

Doctor/Unit:

Doctor/Unit:

Entry No.

Entry No.

Entry No.

Clinical Notes **ADVICE** NEURO SURGERY UNIT-I WEDJESDAY MRI conscul sporting Pain At New 1

Pain At New 1

E Par UL

Rejunes Ch

- Rejunes Ch

- Max male from

His x/4

Af Lody x/4

Arnod pillar