

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

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

Name : I HARNA MONDAL	Ref. No. : [RGKM/DR1800653928]	Day : Tuesday
Sex : Female	Age : 14 Yrs.	Months : Days
Ref. From :		Reg. No. : RGKM/RG1800707847
Visit No. : 1	Department : MEDICINE	Reg. Date : 09-10-2018
Doctor/Unit Name (DOW) :	Prof. A K Mukherjee/Prof. A Roy/Dr. P.K. Kundu (Asst. Prof.)	Card No. : RGKM/DR1800653928
Room No. :	206	Time : 09:30AM
	Visit Date : 09-10-2018	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. :	

Handwritten note: ne-8977/18

Clinical Notes

ADVICE

Alto de novo mesial

DR. B. DHIMAN DAS
MB (Medicine) DM (Neurology)
Assistant Professor
Dept. of Neuro Medicine
R.G. Kar Medical Col.

09 OCT 2018

BU finger deformity
Progressive
Power normal

- MAI consult solved ✓
- NCV + EMG both upper limbs
- Probow emb

09 OCT 2018
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