

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

Name :	Age :	Yrs.	Months	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 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 Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Tm. : _____ Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	

Clinical Notes	ADVICE
<p align="center">22 OCT 2018</p> <p>CPD - to to mm.</p> <p>Neck movement</p> <p align="center">- 3 mm</p> <p>- Dysphagia</p> <p>♀</p> <p>pt is on</p> <p>{ } Baclofen (10) - 201</p> <p>{ } Lorazepam (0.5mg) - 10 - 10</p> <p>prescribed</p> <p>from outside</p>	<p align="center"> Dr. T. Ray, Asst. Prof. MBBS (Cal), MD (Cal) Dept. of Physical Medicine & Rehabilitation R. G. Kar Medical College, Kolkata-4 </p> <p align="center">সোম-বহুস্পতি</p> <p>R - X-ray C-spine - lat</p> <p>- MRI - C-spine (p)</p> <p>- Continue med</p> <p>old medicine</p> <p>- Ref to Neurologist - DDD</p> <p>- ER Ref.</p> <p align="center">6/11/18 at 7:30 AM</p>