

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

ORTHOPAEDIC-UNIT-II 252

OPD Patient Card

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

Handwritten notes and stamps in the top right corner.

|                          |                                              |                             |
|--------------------------|----------------------------------------------|-----------------------------|
| Name : SABINA KHATUN     | [RGM/ORT1800640883]                          | Day : Wednesday             |
| Sex : Female             | Age : 25 Yrs. 0 Months 0 Days                | Reg. No.: RGM/RG1800693388  |
| Ref. From :              |                                              | Reg. Date : 03-10-2018      |
|                          |                                              | Card No.: RGM/ORT1800640883 |
| Visit No. : 1            | Department : ORTHOPAEDIC-UNIT-II             | Visit Date : 13-10-2018     |
| Doctor/Unit Name (DOW) : | Prof. D.K. Pal/Dr. S. Dutta/Dr. D. Mukherjee | Time : 12:00 PM             |
| Room No. :               | 106                                          | Entry No. :                 |

|                  |               |                  |               |                  |               |
|------------------|---------------|------------------|---------------|------------------|---------------|
| Visit Date : Tm. | Visit No. : 2 | Visit Date : Tm. | Visit No. : 3 | Visit Date : Tm. | Visit No. : 4 |
| Department :     |               | Department :     |               | Department :     |               |
| Doctor/Unit :    |               | Doctor/Unit :    |               | Doctor/Unit :    |               |
| Entry No. :      |               | Entry No. :      |               | Entry No. :      |               |

| Clinical Notes                                                                                                                                                                                                                                                         | ADVICE                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>clo injury to (L) knee following trauma</p> <p>DOI - 19/9/18</p> <p>SOT - (L) knee joint</p> <p>HOT - Fall.</p> <p>O/E</p> <p>swelling ⊖</p> <p>tenderness ⊖</p> <p>closed wound</p> <p>NO DNUD</p> <p>1. Capteurs</p> <p>24 OCT 2018</p> <p>9/11/18 at 9-45 AM</p> | <p><u>Advice</u></p> <p>- DXR of (L) knee joint</p> <p>AP (standing) lateral (30° flexion)</p> <p>Review to report</p> <p>(L) knee MRI -</p> <p>Review MRI notes</p> <p>10/03/2018 12:10 PM</p> |