

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

UNIT - 1

ORTHOPAEDIC UNIT - 30

R.G. Kar Medical College & Hospital
1, Khudiram Bose Sarani, Kolkata-700004
Phone: 23567626

OPD / ...
R.O. ...

Name : <u>MUSLIM AHMED</u>	Day : <u>...</u>
Sex : <u>Female</u>	Reg. No. : <u>...</u>
Age : <u>...</u> Yrs. <u>...</u> Months <u>...</u> Days	Reg. Date : <u>...</u>
Ref. From : <u>...</u>	Card No. : <u>...</u>
Visit No. : <u>1</u> Department : <u>ORTHOPAEDIC UNIT</u>	Visit Date : <u>...</u> Time : <u>...</u>
Doctor/Unit Name (DOW) : <u>...</u>	Entry No. : <u>...</u>
Room No. : <u>...</u>	

Visit Date : <u>...</u> Visit No. : <u>2</u> Tm. <u>...</u>	Visit Date : <u>...</u> Visit No. : <u>3</u> Tm. <u>...</u>	Visit Date : <u>...</u> Visit No. : <u>4</u> Tm. <u>...</u>
Department : <u>...</u>	Department : <u>...</u>	Department : <u>...</u>
Doctor/Unit : <u>...</u>	Doctor/Unit : <u>...</u>	Doctor/Unit : <u>...</u>
Entry No. : <u>...</u>	Entry No. : <u>...</u>	Entry No. : <u>...</u>

100
Clinical Notes
dc - Pain over Rt wrist joint
H/o Trauma + ue
MOI - Fall
DOI - 28/09/18
SOI - Rt wrist joint
Swelling + ue
Tenderness + ue
Open wound - ue
DMVD - ue
P - pay - NO.
11 OCT 18
Pain over wrist
DRUG
mgmt
wrist
(16)
(12)

ADVICE
Asb
- Tab. Brufen (100) 1 tab BID x 5 day
- Tab. FM (40) 1 tab OD x 5 day
- DXR of Rt hand ← AP
Edistal ulna radius, Oblique
- Attend Ortho OPD (Mon/Tues) (ER)
Rd
1. Tab Brufen (100) BID x 7d
2. Tab FM (40) OD (M/T)
3. Tab Calcium OPD x 1w
Refc to RMO Sir for valuable opinion

স্বাক্ষর - ...
স্বাক্ষর - ...

(106D)