

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

ORTHOPAEDIC-UNIT-II 34

R.G. Kar Medical College & Hospital

1, Khudiram Bose Sarani, Kolkata-700004

Use of Name :
Signature :
Date :

**UNIT - II
ORTHOPAEDIC
R.G. KAR M.C.H.**

(PH:033-25557976)

Name : MASUD KAYAL Yrs. 45 Months 0 Days 0 Day : Reg. No.: Reg. Date: Card No.:
Sex : Age : Ref. From: Male (BCKM/OR/1300731720)

Visit No. : 1 Department : ORTHOPAEDIC-UNIT-II Visit Date : 14.11.18 Time :
Doctor/Unit Name (DOW) : Prof. D.K. Pal/Dr. S. Dutta/Dr. Dr. D. Mukherjee Entry No. :
Room No. : 105

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 No. : 4 Tm.
---	----------------------	---	----------------------	---	----------------------

Clinical Notes	ADVICE
<p>40% Pain in (R) Knee & (L) hand. No blunt trauma DOB: 11.10.18 MOI: RTA SOF: (R) Knee, (L) hand P/E: Tenderness - with Swelling + closed No DND. X-ray (L) wrist & hand - # proximal phalanx of 5th digit X-ray (R) knee? Mm: Plaster done in (L) hand which was removed on 28.10.18 ? Post. horn lat. meniscus (R)</p>	<p align="center"><u>Advice</u></p> <p>- Refer to 106 (E). <i>Soubar</i></p> <ul style="list-style-type: none"> o MRI (Rt) knee o use long knee extension brace o Rest to the limb. o Ice compression. o Review & report. <p align="right">14.11.18</p>