

LALAN SK
Male

Age : 40 0 0

[RGKM/OR1800741373]

Saturday

RGKM/RG1800803929

Name :	Age :	Yrs. Months Days	Day :
Sex :	Ref. From :	CARDIOLOGY	Reg. No. :
		Dr. Dr M B Chowdhury (Asst Prof)	Reg. Date :
		1	Card No. :
Visit No. : 1	Department :	Visit Date :	Time :
Doctor/Unit Name (DOW) :			
Room No. :		Entry 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 No. : 4 Tm.
--	----------------------	--	----------------------	--	----------------------

Clinical Notes	ADVICE
<p>C/O:- LBP for 2 months</p> <p>No Radiopathy</p> <p>Paravertebral Tenderness +ve</p> <p>O/EI-</p> <p>BP - $\frac{120}{80}$ mm Hg</p> <p>P/R - 82/min</p> <p>chest - B/L clear</p> <p>CXS - S₁ S₂ audible</p>	<p><u>Adv</u></p> <p>1 MRI LS spine - CT scan</p> <p>1 T. Myo Spaz forte H&S x 10d</p> <p>1 T. Pan (40) H&S x 10d</p> <p>1 Review & Reports.</p> <p><u>C</u> 10/11/18</p>