

CHHAYA BISWAS

[R/KM/OR1500740039]

Female

60

0

0

Friday

Post Office

R/KM/OR1500740039

12591

Name :	Age :	Yrs. :	Months :	Days :	Day :
Sex :	Ref. From :	ORTHOPAEDIC-UNIT III	Prof. K Banerjee/Dr. E. Jossain/Dr. R Shaw/Dr. H De	106	Reg. No. :
Visit No. : 1	Department :	Visit Date :	Time :	Entry No. :	Card No. :
Doctor/Unit Name (DOW) :	Room No. :				

Visit Date :	Visit No. : 2
Department :	Tm. :
Doctor/Unit :	
Entry No. :	

Visit Date :	Visit No. : 3
Department :	Tm. :
Doctor/Unit :	
Entry No. :	

Visit Date :	Visit No. : 4
Department :	Tm. :
Doctor/Unit :	
Entry No. :	

Clinical Notes

Lumbar Spondylifis
 Radial Pain both
 Lumbar reser

ADVICE

ADP,
 Use L.S belt
 Cop Neuro-RD (90)
 1 tab odpe x 10 days.
 MRI L.S Spine

[Signature]