

DATE / TIME
R.G. KAR M
Kolkata

SAMLAAP NANDI

Friday

Name : Male
 Sex :
 Ref. From : Age : Yrs. Months Days Day :
 Reg. No.: RGKM/OR1800738948
 Reg. Date :
 Card No.:
 Visit Date : Time :
 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 |
|--|--|
| H/O - L. BS Pain HLA - B27 + (antial) now on Salasor No tenderness at joint | <u>Adv</u> Selosar 2800 BD Regula Spinal Stretching Exercise Tab Esact co * * * * * for 3 months Tab Fem (680) BDAE Td MRI at Sijoint Review & report |
| 23.11.18 8.20 Am | D. Pan 23.11.18 |