

V-2473

SHYAMALI SARKAR

[RGKM/OR1800741873]

Female

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Name :	Age :	Yrs.	Months	Days	Day :
Sex :					Reg. No.:
Ref. From :					Reg. Date :
					Card No.:
Visit No. : 1	Department :			Visit Date :	Time :
Doctor/Unit Name (DOW) :					
Room No. :				Entry No. :	

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

Clinical Notes	ADVICE
<p>H/O - h. B. Pain radiation both leg seen 1 years no. trauma xray of L5-Spine Lumbar Spandylolisthesis</p>	<p><u>Adv</u></p> <p>① MR of L5 Spine (1st)</p> <p>② Blood for TC, DC, LFT, FBS urea, creatinine.</p> <p>③ Tab - Volitra Enzo - 1tab BID &amp; 1oc</p> <p>④ Pan (40) 1tab ODD &amp; 15cl</p> <p>⑤ Tab cw (520 + vit D3 - 1tab ODD &amp; 15cl</p> <p>Review &amp; Report 3we</p> <p><i>[Signature]</i></p>