

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

V-2621

18

OPD Patient Card
R.O. Kar Medical College & Hospital

User Name :
sanghmitra

1, Khudiram Bose Sarani, Kolkata-700004 Paid Papers : 2
(PH:033-25557676)

Name : <u>SONA SINGH</u>	Age : <u>20</u> Yrs. <u>0</u> Months <u>0</u> Days	Day : <u>10</u>
Sex : <u>Female</u>		Reg. No. : <u>1113007471</u>
Ref. From :		Card No. : <u>1113007471</u>
Visit No. : <u>1</u> Department :	Visit Date :	Time :
Doctor/Unit Name (DOW) :	Entry No. :	
Room No. :		

Visit Date : <u>20-11-2018</u> Visit No. : <u>2</u> Tm. :	Visit Date : <u>20-11-2018</u> Visit No. : <u>3</u> Tm. :	Visit Date : <u>20-11-2018</u> Visit No. : <u>4</u> Tm. :
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
<u>LBD</u>	<u>Referred to PMR ODD - (110)</u>
<u>H/O</u> <u>Lower Back Pain</u>	<u>R</u>
	<u>Adv</u>
	<ul style="list-style-type: none"> • MRI Spine Lumbar Sacral Spine • X-Ray spine • D/E spine & Pelvis } <u>Discoid</u> • B/L Hip joint • NCV 4 limbs & EMG
	<ul style="list-style-type: none"> • Tab. Finivert 100mg T - after dinner • Tab. Zerodol TADOD by • Tab. P. Cm - 650 - Bedtime

[Signature]