

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
OPD Patient Card**

PAEDIATRIC 8

**R.G. Kar Medical College & Hospital**  
1, Khudiram Bose Sarani, Kolkata-700004  
(PH:033-25557676)

User Name : ujjawal  
Paid Rupees : 2

Name : ROHANI KHATUN	[RGKM/OR1800748484]	Day : Wednesday
Sex : Female	Age : 6 Yrs. 0 Months 0 Days	Reg. No : RGKM/RG1800811962
Ref. From :		Reg. Date : 21-11-2018
		Card No : RGKM/OR1800748484
Visit No. : 1	Department : PAEDIATRIC	Visit Date : 21-11-2018
Doctor/Unit Name (DOW) : Dr. Sabyasachi Som (Assoc. Prof.)		Time : 09:17AM
Room No. : 306	Entry No. :	

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

Clinical Notes	ADVICE
<p>21 NOV 2018</p> <p>306-F 4-14 kg</p> <p>swelling lower back.</p> <p>unable to walk</p> <p>umb wasting.</p> <p>B/E CTEV.</p> <p>fecal &amp; urinary incontinence as well</p> <p>BIA</p> <p>Ho Ho - <del>CTE</del> <del>ext</del> <del>than</del> <del>expected</del></p> <p>Ab - Gross motor developmental delay.</p>	<p>O/E = wt &lt; expected.</p> <p>swelling over lower lumbar region</p> <p>(? spina bifida)</p> <p>wasting of lower limbs</p> <p>CTEV.</p> <p>Adm.</p> <p>MAI of LIS spina</p> <p>Ref to Neuro-OPD</p> <p>Ref to Ortho-OPD</p> <p>Ref to RMO for 2nd opinion.</p>

1 of 1

21/2018 09:20 AM