

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

PAIN CLINIC 13

R.G. Kar Medical College & Hospital User Name : shadab
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2

Name :	NAYEEM SK	(PH:033-25337070)	Day :	Friday	
Sex :	MAHIM AK	Age :	Yrs. Months Days	Reg. No.:	
Ref. From :	Male	30	0	0	RGKM/RG18006849231
Visit No. : 1	Department :	Visit Date :	Reg. Date :	Card No.:	
Doctor/Unit Name (DOW) :	PAIN CLINIC	12-10-2018	12-10-2018	RGKM/OR1800684923	
Room No. :	Prof. Dipasri Bhattacharya/Dr. B. Ghosh (Asst. Prof.)/Dr. P. Biswas	Entry No. :	Time :	10:46AM	

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
<p>Pain Low back region without radiation.</p> <p>Pain increased while standing from sitting position and bending forwards far</p>	<p>R_x</p> <p>1) T. PCM 325 + Aceclofenac 100 1 tab BD x 7 days.</p> <p>2) T PAN 40 1 tab ODAU 15 days</p> <p>3) T. Pregabalin 50 1 tab ODHSx 1 month</p> <p>4) T. Amitriptyline 25 1/2 tab ODHSx 1 month</p> <p>5) T. Thiocolchicoside 4mg 1 tab BD x 7 days</p> <p>6) MRI LS spine</p> <p>7) Renew after 15 days/SOS.</p> <p align="right"><i>[Signature]</i></p>
	<p>9732644429</p> <p>Fariakka</p>