

P. S. Rajaraj

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

Ph- 9123654077

14/10/18
6 PM

Name : <i>ANAZUL BISWAS</i>	Age : <i>38</i> Yrs. Months Days	Day : <i>Monday</i>
Sex : <i>Male</i>	Ref. From :	Reg. No. : <i>RG&M/RDM/0709756</i>
Visit No. : <i>1</i>	Department : <i>OPD/MR</i>	Card No. : <i>14100123557670</i>
Doctor/Unit Name (DOW) :	Room No. :	Visit Date : <i>08-10-2018</i> Time : <i>11:30 AM</i>
Entry No. :		

Visit Date : _____	Visit No. : <i>2</i>	Visit Date : _____	Visit No. : <i>3</i>	Visit Date : _____	Visit No. : <i>4</i>
Department :	Tm. :	Department :	Tm. :	Department :	Tm. :
Doctor/Unit :		Doctor/Unit :		Doctor/Unit :	
Entry No. :		Entry No. :		Entry No. :	

Clinical Notes	ADVICE
<p><i>8/10/18</i></p> <p><i>LPA for last 2 months</i></p> <p><i>K/C/O HYPERTENSION and HTN</i></p>	<p><i>Adv</i></p> <ul style="list-style-type: none"> <i>Take PCM (650) 1 tab BID.</i> <i>MRI LS spine</i> <i>Proced for TSH</i> <i>Review e reports.</i>