

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

PAIN CLINIC 15

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

Name :	(P18033-23537676)			Day :	Friday
Sex :	AJIBAR RAHAMAN	Age :	35 Yrs.	Reg. No. :	1800593480
Ref. From :	Male	Months :	0	Days :	0
Visit No. :	1	Department :	PAIN CLINIC	Reg. Date :	12-03-2018
Doctor/Unit Name (DOW) :	Prof. Dipankar Bhattacharya/Dn B.B. Ghosh/Asst. Prof/Dn P. Biswas			Card No. :	1800593480
Room No. :	105			Visit Date :	14-09-2018
				Time :	09:30AM
				Entry No. :	

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. :
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Clinical Notes	ADVICE
<p>26/10/18 . C/o - left sided LBP radiating towards left sided limb .</p>	<p align="center"><u>Advice</u></p> <ul style="list-style-type: none"> ✓ - Tab (PCM + Aceclofenac) 1 tab BD x 10d . ✓ - Tab Pan 40 1 tab OATC x 15d - Tab Pregabalin 75 1 tab OHS x 30d - Tab Febroxostat 40 1 tab OD x 30d - MRI lumbar spine . - TCA 4 wk <p align="right"><i>[Signature]</i></p>