DEPARTMENTS OF HEALTH & FAMILY WELFARE OF 12 Day: Wednesday UR18049945/13 PARTHA PRATEM CHAITERDEE Name Reg. No.: RG18849784 Months Days Hale Age: 50 Yrs. Sex Reg. Date: 16-Nay-2018 Ref. From : Card No.: 0818049945/1 Time 13:17 Visit Date: 16-May-2018 Visit No. : 1 Department : ORTHOPAEDLC :[000000089] - Tuesday/Wednesday Doctor/Unit Name (DOW) Entry No. : :7 Room No. Visit No.: 4 Visit No.: 3 Visit No.: 2 Tm. Visit Date : Tm. Visit Date : Tm. Visit Date : Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. : Entry No. : Entry No. : ADVICE Clinical Notes alisibility E STO Tibic

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