

DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF WEST BENGAL

R.G. Kar OPD Patient Card

Khudiram Bose, Sant, Kolkata-700024

(PH:033-25357676)

Name : *Female* Age : *02* Yrs. Months Days Day : *Friday*
 Sex : *Female* Reg. No.: *21000112391*
 Ref. From: Reg. Date: *21-10-2018*
 Card No.: *21-00-2018*
 Visit No. : 1 Department : *NEURO SURGERY* Visit Date : Time :
 Doctor/Unit Name (DOW) : *Dr. S. Chatterjee* Visit Date : Time :
 Room No. : Entry No. :

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

ADVICE

NEURO SURGERY
UNIT-II
FRIDAY

5 OCT 2018

7 6 OCT 2018

R - MRI of L5 spine
- cb. Reg NT (75) 1 lb ODH to Cent
- cb. Nerven forte 1 lb ODH to Cent
- cb P (650) 1 lb ODH
- cb Pan (10) 1 lb ODH } to ~~Cent~~ Cent
- TCA amonia

R - MRI of L5 spine to correct spine
- cb Pregadol-NT (75) 1 lb ODH to Cent
- cb. Nerven forte 1 lb ODH to Cent
- cb P (650) 1 lb ODH
- cb Pan (10) 1 lb ODH } to Cent

- TCA to MRI