

FAHEMA BIBI

[RGKM/OR1800593155]

Friday

Name :	Age :	Yrs.	Months	Days	Day :	14-09-2018
Sex :					Reg. No.:	RGKM/OR1800593155
Ref. From :					Reg. Date :	09.30AM
					Card No.:	105
Visit No. : 1	Department :	PAIN CLINIC		Visit Date :	Time :	
Doctor/Unit Name (DOW) :	Prof. Dipasri Bhattacharya/Dr. E.B. Gharami (Asst.)		Entry No. :			
Room No. :	105					

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>FVU/LBP with radiation and tingling numbness.</p> <p>26/10/18 F/U/C of LBP with radiation to both legs &amp; tingling numbness.</p>	<p>Rx</p> <ol style="list-style-type: none"> <li>1) <del>100</del> T. PCM (650) 1tab BDPC x 1month</li> <li>2) T. PAN 40 1tab ODAC x 15days</li> <li>3) T. Pregabalin 75 1tab BDPC x 1month</li> <li>4) T. Amitriptyline 25 1tab ODHS x 1month</li> <li>5) T. Calcium Carbonate (500) 1tab BDPC x 1month.</li> </ol> <p>6 - TCA 1month /ERSOS</p> <p><u>Advice</u></p> <ul style="list-style-type: none"> <li>- Tab PCM (650) 1tab BDPC x 20d.</li> <li>- Tab Pan 40 1tab ODAC x 15d</li> <li>- Tab Pregabalin 75 1tab <del>BDPC</del> <sup>OD</sup> x 1m</li> <li>- Tab AMT 25 1tab ODHS x 1m</li> <li>- Tab CaCO<sub>3</sub> (500) 1tab OD x 1m.</li> <li>- To attend Pain OPD /ERSOS</li> <li>- MRI of LS spine.</li> </ul>

*Shy*