

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

NEURO SURGERY 52

**OPD Patient Card**

R.G. Kar Medical College & Hospital      User Name : shadab  
1, Khudiram Bose Sarani, Kolkata-700004      Paid Rupees : 2  
(PH:033-25557676)

Name :	MOHIBUL MONDAL	[RGKM/OR1800689919]	Day :	Friday
Sex :	Male	Age : 37Yrs.	Months	Days
Ref.From :			Reg. No.:	RGKM/RG1800747515
			Reg. Date :	26-10-2018
			Card No.:	RGKM/OR1800689919
Visit No. : 1	Department :	NEURO SURGERY	Visit Date :	26-10-2018
Doctor/Unit Name (DOW) :	Dr. S Chatterjee/Dr. S K Das/Dr. B K Pal		Time :	11:47 AM
Room No. :	203		Entry No. :	

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

Clinical Notes	ADVICE
<p><b>NEURO SURGERY UNIT-II FRIDAY 26 OCT 2018</b></p>	<p>R. Broad forward bending/wegre left leg or wexon type of tail - mobilization to L5 belt</p> <p>- MRI of L5 spine (15T)</p> <p>- <del>EM (20)</del> <del>ADP</del> <del>ODMS</del> <del>to</del> <del>card</del></p> <p>- sub. neuron forne <del>ADP</del> <del>ODP</del> <del>to</del> <del>card</del></p> <p>- <del>EM (20)</del> <del>ADP</del> <del>ODS</del></p> <p>- <del>EM (20)</del> <del>ADP</del> <del>ODP</del> <del>to</del> <del>card</del></p> <p>- <del>EM</del> <del>to</del> <del>MRS</del> <del>report</del></p>

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