

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

ORTHOPAEDIC-UNIT-III 2

R.G. Kar Medical College & Hospital User Name: *Shadab*
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupee: *2000*
(PH:033-25557676)

*Call 2
10/18
OPD
M.C.P.*

Name : UTTAM MAITY	[RGKM/OR1800697391]	Day : Tuesday
Sex : Male	Age : 45 Yrs.	Reg. No. : RGKM/RG1800755882
Ref. From :	Months Days	Reg. Date : 30-10-2018
Visit No. : 1	Department : ORTHOPAEDIC-UNIT-III	Card No. : RGKM/OR1800697391
Doctor/Unit Name (DOW) :	Prof. K Banerjee/Dr. E Hossain/Dr. R Shaw/Dr. H Deb	Visit Date : 30-10-2018
Room No. :	106	Time : 09:11AM
	Entry No. :	

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

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

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

Clinical Notes	ADVICE
<p>30/10/18</p> <p>elo low back Pain</p> <p>NO h/o recent trauma.</p> <p>O/E - NO swelling NON tender NO open wound NO D/V/D.</p>	<p>Ref to RN 106 D</p> <p><i>AP</i></p> <p>MRI of L5 Spine</p> <p>7as Physiotherapy + stretching from 10</p> <p>(1) anti HLA 300</p> <p>Review & MRI</p> <p><i>2</i> 30/10/18</p>

10/18
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