

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

1, Chudamani Bose Sarani, Kolkata - 700004
 (PH-033-25337070)

RABINDRA NATH DAS

Name :	Age :	Yrs.	Months	Days	Day :	
Sex :					Reg. No.:	
Ref. From :					Reg. Date :	
					Card No.:	
Visit No. : 1	Department :				Visit Date :	Time :
Doctor/Unit Name (DOW) :						
Room No. :				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>19/10/18</p> <p>NEURO SURGERY UNIT-II FRIDAY</p> <p>19 OCT 2018</p> <p>Resh</p> <p>Resh Neurosurgery S. Das 22/10/18</p> <p>①</p> <p>②</p> <p>③</p> <p>④</p> <p>⑤</p>	<p>Adv.</p> <p>- Ref. to Neurosurgery OPD (203)</p> <p>em SDH? 1kg 800mg</p> <p>Resh done like P. Singh</p> <p>in surgery</p> <p>Differ from above</p> <p>MRI Brain Ac.</p> <p>Lab. Cholesterol -</p> <p>1 mg</p> <p>Severage 1 mg</p> <p>do Atorvastatin 20 mg 1 no med.</p> <p>do Zevant 16 17 - LOS</p> <p>Stando 10 1 re day</p>

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