

JIYANUL ISLAM [RGKM/OR1800700105] Tuesday
Male 25 0 0 RGKM/RG1800758628

Name :	Age :	Yrs.	Months	Days	Day :	30-10-2018
Sex :					Reg. No. :	RGKM/OR1800700105
Ref. From :	ORTHOPAEDIC-UNIT-III				Rego Date :	12:30PM
				Prof. K Banerjee/Dr. E Hossain/Dr. R Shaw/Dr. H De		Card No. :
Visit No. : 1	Department :	106			Visit Date :	Time :
Doctor/Unit Name (DOW) :					Entry No. :	
Room 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>C/O</p> <p>Pain Rt knee</p> <p>H/O Fall Injury</p> <p>Episodic false movement</p>	<p><u>BY</u></p> <p>MRI Right Knee Joint (insert)</p> <p>Disital my Rt knee ← AP LAT</p> <p>USE Knee Belt.</p> <p>Bed rest 2 weeks.</p> <p>fem 650 (1) ← α (1)</p> <p>Review & Reports next week</p> 