

OPD Patient Card
R.G. KAR M.C.H.
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MD QUDRATE KHODA

[RGKM/OR1800699851]

Tuesday

Male 45 0 0

RGKM/RG1800758388

Name :	Age :	Yrs.	Months	Days	Day :	30-10-2018
Sex :					Reg. No.:	RGKM/OR1800699851
Ref. From :					Reg. Date :	12:08PM
					Card No.:	
Visit No. : 1	Department :				Visit Date :	Time :
Doctor/Unit Name (DOW) :						
Room No. :					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>Low back pain radiating to for last 3 months.</p> <p>No prior trauma.</p> <p>O/E spine normal.</p> <p>XRay - L5/S1 bony.</p>	<p>Warm Compress</p> <p>MRI spine</p> <p>Refer to MOPD</p> <p>Neurology opm</p>