

Name : SUMAN KATU	[RGKM/OR1800699539]	Day : Tuesday
Sex : Male	Age : 18 Yrs. 0 Months 0 Days	Reg. No.: RGKM/RG1800758052
Ref. From:		Reg. Date: 30-10-2018
Visit No. : 1	Department : ORTHOPAEDIC-UNIT-III	Card No.: RGKM/OR1800699539
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 : 11:44AM
	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>e/o. pain and Swelling in (R) foot for. past 20 days.</p> <p>H/o. Trauma.</p> <p>→ DOI - 20/10/18</p> <p>→ MOI - Fall of box over foot (R)</p> <p>→ SOL - (R) foot.</p> <p>→ e/o Swelling (R)</p> <p>Tender (R)</p> <p>No open wound</p> <p>NO DVT.</p> <p>1 of 1 X-Ray shows # in 3rd. Meta tarsal</p>	<p>Adv</p> <p>• Rx by private doctor until now.</p> <p>• Refer to Room NO <u>106-E</u></p> <p>D</p> <p><u>30/10/18</u></p> <p>Adv</p> <p>→ MRI (R) foot</p> <p>→ Blood (Hb, CRP, ESR)</p> <p>→ The paracetamol 650 has not been working</p> <p>→ The patient is on 150 mg of morphine</p> <p>→ Review in 7 days</p>

10/30/2018 11:48 AM