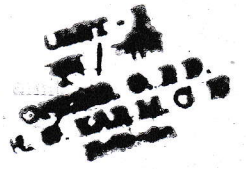


DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card



Name : _____ Sex : _____ Age : _____ Yrs. Months Days Day : _____
 Ref. From : _____ Reg. No. : _____
 Reg. Date : _____ Card No. : _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor/Unit Name (DOW) : _____
 Room No. : _____ Entry No. : _____

Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 2 Tm. _____	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Tm. _____	Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Tm. _____
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Clinical Notes	ADVICE
<p>H/o. Pain & Restriction of Mx Lt knee following Blnt trauma, tenderness at the medial joint of knee. SL X Ray knee (Lt) order on 12/11/19 - No significant lesion</p>	<p><u>Adv</u> MRI of Lt knee ↓ Review in 2 weeks 31/11/19 (tbl Emdin 6x15 90) 121 000 (tbl Parhadin 42) x 114</p>