

DEPARTMENT OF HEALTH & FAMILY WELFARE  
 GOVERNMENT OF WEST BENGAL  
 R.G. Kar Medical College & Hospital  
 1, Khudiram Bose Sarani, Kolkata-700004 (PH:033-25557676)

User Name :   
 Paid Rupee :   
 [Stamp: R.G. KAR M.C.H.]

RASIDA BIBI [RGKM/OR1800556039] Friday  
 Name : Female 50 0 0  
 Sex : Age : Yrs. Months Days  
 Ref. From :  
 Visit No. : 1 Department : ORTHOPAEDIC-UNIT-III  
 Doctor/Unit Name (DOW) : Prof. K Banerjee/Dr. E Hossain/Dr. R. Shaw/Dr. H. Deb  
 Room No. : 106  
 Reg. No. : 31-08-2018  
 Reg. Date : 31-08-2018  
 Card No. : 09:44AM  
 Visit Date :  
 Time :  
 Entry No. :

Visit Date : Department : Doctor/Unit : Entry No. : <u>NS-4655</u>	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.
---	----------------------	--	----------------------	--	----------------------

Clinical Notes	ADVICE
<p>Go - low back pain,                      no physiotherapy done.</p> <p>MR - lumbago - acute CR - no                      NO DMG</p> <p>X Ray L5 vertebra seen by</p> <p><i>[Handwritten notes and signatures]</i></p>	<p>Refer to Neurosurgery</p> <p>NEURO SURGERY                      UNIT-II                      FRIDAY                      31 AUG 2018</p> <p>in Elctro Neurodiagnosis</p> <p>Accelad Kap 4</p> <p>In 000 x 50                      0 1 x 50                      0 1 x 50</p> <p>Procedure in ABP 2018</p> <p>Spitopred 4</p> <p><i>[Handwritten notes and signatures]</i></p>

1 x 100 500 x 50  
 100 x 50  
 10 x 200  
 30