

ADHIR KR GHOSH
Male 50 0 0

[RGKM/OR1800706816]

Thursday

Name :	Age :	Yrs.	Months	Days	Day :	RGKM/RG1800706816
Sex :					01-11-2018	
Ref.From :					Reg. No.:	RGKM/OR1800706816
					Reg. Date :	01:15PM
Visit No. : 1	Department :	Prof. S S Kundu/Dr. S Bandyopadhyay		Visit Date :	Card No.:	
Doctor/Unit Name (DOW) :		201				
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
do Headache.	Adv MRI Proxim + orbit + Contrast. - Has bilateral geosphobic. - to see red, Demyelination, inferior, Altered signal @ optic chiasm / Temporal lobes.
	