

2029
MR

KALIDAR SINGH

[RGKM/OR1800723252]

Friday

Name : Male 52 0 0
 Sex :
 Ref. From : Age : Yrs. Months Days
 Day : 09-11-2018
 Reg. No.: RGKM/OR1800723252
 Reg. Date : 09-11-2018
 Card No.: 01:42PM
 Visit No. : 1 Department :
 Doctor/Unit Name (DOW) :
 Room No. :
 MEDICINE
 Prof. U S Ghosh/Dr. N Karjvi
 201
 Visit Date :
 Time :

Visit Date : Visit No. : 2
 Department : Tm.
 Doctor/Unit:
 Entry No. :

Visit Date : Visit No. : 3
 Department : Tm.
 Doctor/Unit:
 Entry No. :

Visit Date : Visit No. : 4
 Department : Tm.
 Doctor/Unit:
 Entry No. :

Clinical Notes	ADVICE
<p>elo Headach & Vomiting 1x. Pain on B/2 ear conversion</p>	<p>✓ MRI Brain ✓ CT Scan Brain → (N) E.G.G Pen - 650mg FBS / ur / cr. To review in 6 months / 6es</p> <p style="text-align: right;"><i>[Signature]</i></p>