

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card**

Name : _____ Day : _____
 Sex : ORTHOPAEDIC-UNIT Age : _____ Yrs. Months Days Reg. No. : _____
 Ref. From : _____ R.G. Kar Medical College & Hospital Reg. Date : _____
 1, Khudiram Bose Sarani, Kolkata-700094 Card No. : _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor/Unit Name (DOW) : _____ (PH:033-25557676)
 Room No. : PARIMAL DAS [R.G.KM/ORI Entry No.4] Thursday

Male Visit No. : 28
 Visit Date : _____ Tm. : _____
 Department : _____
 Doctor/Unit : _____
 Entry No. : _____

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

Visit No. : 4
 Visit Date : 22-Tm-2018
 Department : R.G.KM/ORI 1800751484
 Doctor/Unit : _____
 Entry No. : _____

Clinical Notes

Left U/L weakness
 1 month.
 Pain in U/L
~~hand~~ U/L

ADVICE

Adia

— MRI Brain & U/S Spine
 Screening.

① Tab Pacitane (2mg)
 — (1/2) — (1/2) x 4 days
 Review & Report

