

Name : AVIJIT PAUL	[RGKM/OR1800762684]	Day : Tuesday
Sex : Male	Age : 58 Yrs.	Months 0 Days
Ref. From :	NEURO MEDICINE	Visit Date : 27-11-2018
Visit No. : 1	Department : Prof. K B Bhattacharya/Dr. Dhiman Das	Time : 10:12 AM
Doctor/Unit Name (DOW) :	206	Entry No. :
Room No. :		

Visit Date : _____	Visit No. : 2	Visit Date : _____	Visit No. : 3	Visit Date : _____	Visit No. : 4
Department :	Tm.	Department :	Tm.	Department :	Tm.
Doctor/Unit :		Doctor/Unit :		Doctor/Unit :	
Entry No. :		Entry No. :		Entry No. :	

Clinical Notes	ADVICE
<p>08/12/18 8:00 AM</p> <p>০৪/১২/১৮ ৪:০০ পূর্বাহ্ন</p> <p>PLEASE COME BEFORE 1 HOUR OF YOUR BOOKING TIME</p> <p>১ ঘণ্টা আগে আসুন বুকিং সময়ের ১ ঘণ্টা আগে</p> <p>PLEASE BRING PREVIOUS VISIT REPORT</p> <p>১ ঘণ্টা আগে আসুন পূর্বের ভিজিট রিপোর্ট</p> <p>৩-৪ ঘণ্টা সময় নির্দেশ করা হল</p> <p>card hypertension medicines</p>	<p>90. Neck pain radiation to LU UL facial puffiness</p> <p>MRI central spine 1 ct scan x Ray paranasal (Digital) Blood for urea, creatinine, T1H, TC, DL, BUN Echocardiogram T. AMT 25 at 8 AM x 2 Clozapine 300 1/2 _____ T. Tolperitas 150, 1 hr after meal x 10 d T. Pam D on _____ _____</p>