

V- 003/40

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

UNIT 1
R.G. KAR MEDICAL COLLEGE
KOLKATA

ORTHOPAEDIC-UNIT-III 104

R.G. Kar Medical College & Hospital
1, Khudiram Bose Sarani, Kolkata-700004
(PH:033-25557676)

User Name : ujjawal
Paid Rupees : 2

Name : SAIFUL SK	[RGKM/OR1800763333]	Day : Tuesday
Sex : Male	Age : 35 Yrs. 0 Months 0 Days	Reg. No : RGKM/RG1800828120
Ref. From :		Reg. Date : 27-11-2018
		Card No : RGKM/OR1800763333
Visit No. : 1	Department : ORTHOPAEDIC-UNIT-III	Visit Date : 27-11-2018
Doctor/Unit Name (DOW) : Prof. K Banerjee/Dr. R Shaw		Time : 11:02AM
Room No. : 106	Entry No. :	

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

Clinical Notes	ADVICE
<p><i>Amemic - Salin (P)</i> <i>Hb-7.5</i> <i>27 NOV 2018</i> <i>? Ant. Spindy is</i> <i>Neck Rom J. ed</i> <i>MRI LS+SI ✓</i> <i>Blood for Hb, TC, DC, ESR</i> <i>PBS, CRP, Peis mean</i> <i>To PT</i></p>	<p><i>Refd to PMD</i> <i>Physical Medicine & Rehabilitation OPD</i> <i>R.G. Kar Medical College, Kol-04</i> <i>ডাক্তার - মনি</i> <i>HCA B2B Key</i> <i>- Hb + urine before exam.</i> <i>✓ Munday Nuro gel</i> <i>for UA + Hb</i> <i>copy</i> <i>1. Tab Etova ER 600 OD x 10 days</i> <i>2. Tab Rava 20 HS x 3od.</i> <i>3. Cap Euvocod OD Pc x 1 month. ✓</i> <i>4. Cap Dell 20 mg HS x 3od. ✓</i> <i>5. Tab Alendazole 100 mg HS x 2 days</i> <i>To ft. 1 month.</i> <i>6. Tab Fe OD Pc x 1mm</i></p>

- Neck Rom + stretch
 - Deep breathing ex
 - Shoulder Rom ex
 - Spinal ex br ex
 - Hamstring stretch
 - Quad stretch
 - Foot ankle etc.