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DEPARTMENT OF HEALTH & FAMILY WELFARE  
 GOVERNMENT OF WEST BENGAL

UNIT - 1  
 ORTHO. O. B. B.  
 R. G. KAR M. C. H.  
 Kolkata

ORTHOPAEDIC-UNIT-I 30

OPD Patient Card

R.G. Kar Medical College & Hospital User Name : budh  
 1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2  
 (PH:033-25557676)

Name : ANIRBAN CHATTERJEE [RGKM/OR1800767926]	Day : Thursday
Sex : Male Age : 18 Yrs. 0 Months 0 Days	Reg. No.: RGKM/RG1800833150
Ref. From :	Reg. Date : 29-11-2018
	Card No.: RGKM/OR1800767926
Visit No. : 1 Department : ORTHOPAEDIC-UNIT-I	Visit Date : 29-11-2018 Time : 09:34AM
Doctor/Unit Name (DOW) : Prof. Sandip Roy/Dr. Sunil Hazra	
Room No. : 106	Entry No. :

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>40- pain &amp; swelling of Rt knee joint for 1 week also 2/3 giving away sensation of knee.</p> <p>H/O trauma 1 month ago.</p> <p>Ant drawer (+ve)</p> <p>Lachman (+ve)</p> <p>joint line tenderness</p>	<p>Adv.</p> <p>Refer to IOGE.</p> <p>Adv</p> <p>diag X Ray (R) knee &amp; AP</p> <p>MRI (R) knee</p> <p>Rx</p> <p>1. TAB PCM (W) TDS PC d 7d</p> <p>2. TAB FM (40) OD CM d 7d</p> <p>Wound Care Application</p> <p>TCA e report</p>

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