

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

ORTHOPAEDIC-UNIT-I 129

OPD Patient Card

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

UNIT-1
ORTH. O. P. D.
R. G. KAR M. C. H.
KOLKATA

Name : KANCHAL MALLICK [RCKM/OR1800759941]	Day : Monday
Sex : Female Age : 39 Yrs. 0 Months 0 Days	Reg. No: RCKM/RG1800824485
Ref. From :	Reg. Date : 26-11-2018
Visit No. : 1 Department : ORTHOPAEDIC-UNIT-I	Card No: RCKM/OR1800759941
Doctor/Unit Name (DOW) : Prof. Sandip Roy/Dr. Sunit Hazra	Visit Date : 26-11-2018
Room No. : 106	Time : 11:02AM
Entry 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>Painful swelling of volar aspect of (left) wrist firm mobile, tender swelling at the volar aspect of left radius</p>	<p><u>Ad. MRI (left) wrist.</u></p> <p>& Tab Paracetamol. (HARD PROPC x 5 days. (400)) Tab Fenocid. (HARD PROAC x 5 days. (20))</p>

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