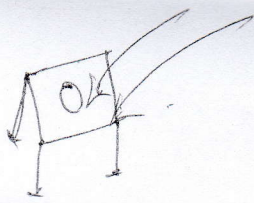


SWARAJ DAS
 Male 26 0 0
 IRCKM/OR18007911071

Name :
 Sex :
 Ref. From :
 Age : Yrs. Months Days
 Day : 08-12-2018
 Reg. No.: RGKM/OR18007911071
 Reg. Date : 1041AM
 Card No. :
 Visit No. : 1 Department :
 Doctor/Unit Name (DOW) :
 Room No. :
 Visit Date :
 Time :
 Entry No. :

Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 2 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 3 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 4 Tm.
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Clinical Notes	ADVICE
<p>OPD RT & LT knee pain last 6 months BHTT (++)</p>	<p>ADY * XRAY Both knee (R&L) * Blood for TC, DC, ESR, Hb% * Digital X-RAY Both knee / AP / LAL</p>
<p>mind vague HTN (++)</p>  <p>NO systemic illness</p>	<p>* PCM (650) — BD x 7 days * RabiPainzol — OD x 7 days * T-SR — BD x 7 days</p> <p>Review with REPORT</p>

[Signature]
 8/12/18