

SUJIT SEN

Male

36

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Name :
 Sex :
 Ref. From :

Age :

Yrs. Months Days

ORTHOPAEDIC-UNIT-II
 Dr. H Deb/Dr. Dr D Mukherjee
 106

Day :
 Reg. No.:
 Card No.:

Visit Date :

Time :

Visit No. : 1 Department :
 Doctor/Unit Name (DOW) :
 Room No. :

Entry No. :

Visit Date :
 Department :

Visit No. : 2
 Tm. :

Visit Date :
 Department :
 Doctor/Unit :

Visit No. : 3
 Tm. :

Visit Date :
 Department :
 Doctor/Unit :

Visit No. :
 Tm. :

Doctor/Unit :

Entry No. :

Entry No. :

Entry No. :

ADVICE

Clinical Notes

H/O - Pain in L-5-Spine
 L.B. Pain both leg
 6 months

14.12.18

8.00 AM

PLEASE BRING ALL
 PREVIOUS REPORT

সমস্ত পূর্বের রিপোর্ট আনতে হবে

PLEASE BRING ALL
 PREVIOUS REPORT

ADW
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 ② ph. tea - ①
 1-1-5 dan
 ③ to live pro test (4)
 1-1-aabsD ista
 ④ MRI scan of L-5-Spine
 Review & Report 3 week

স্বস্তি ৩-৪ বঙ্গী সময়

নিম্ন আবেদন

AS