

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

A.G. KAI Medical College & Hospital  
 1, Khudiram Bose Sarani, Kolkata-700004  
 (PH: 2335 7078)

User Name: ujawal  
 Mail Address: 2

Name : ANWARUDDIN BIBI  
 Sex : Female  
 Ref. From :  
 Age : 60 Yrs. 0 Months 0 Days

Visit No. : 1 Department :  
 Doctor/Unit Name (DOW) :  
 Room No. :  
 Visit Date : 20-10-2018  
 Reg. No. :  
 Reg. Date :  
 Card No. :  
 Day :  
 Time :


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.
--	----------------------	--	----------------------	--	----------------------

Clinical Notes

Low back pain

ADVICE

Adv.  
 - MRI ~~brain~~ LS spine  
 - Tab Gabapir-NT (100+10)  
 → TDS OD & ER  
 (200 2 hr)  
 - Review after with report at the earliest

  
 20.10.18