

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

OPD Patient Card

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

Name : UTSAV CHOWDHURY [RGKM/OR1800735271]	Day : Thursday
Sex : Male Age : 35 Yrs. 0 Months 0 Days	Reg. No: RGKM/RG1800797364
Ref. From:	Reg. Date : 15-11-2018
	Card No: RGKM/OR1800735271
Visit No. : 1 Department : MEDICINE	Visit Date : 15-11-2018 Time : 1045AM
Doctor/Unit Name (DOW) : Prof. S S Kundu/Dr. S Bandyopadhyay	
Room No. : 201	Entry No. :

Visit No. : 2 Visit Date : Tm. Department : Doctor/Unit: Entry No. :	Visit No. : 3 Visit Date : Tm. Department : Doctor/Unit: Entry No. :	Visit No. : 4 Visit Date : Tm. Department : Doctor/Unit: Entry No. :
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Clinical Notes	ADVICE
<p><i>cf</i> headache.</p> <p><i>E tingling sensation</i></p> <p><i>in heel.</i></p> <p><i>BP-130/90 mmHg</i></p>	<p><i>Ref to MOPD (M) - 201</i></p> <p align="right"><i>SD</i></p> <p><i>Adv</i></p> <p><i>Tabl vertin (4) - TDS x 20</i></p> <p><i>MRS brain</i></p> <p><i>TCA 1week.</i></p> <p align="right"><i>[Signature]</i></p>