

DEPARTMENT OF HEALTH & FAMILY WELFARE  
 GOVERNMENT OF WEST BENGAL

ORTHOPAEDIC-UNIT-III 163

OPD Patient Card  
 R.G. Kar Medical College & Hospital  
 1, Khudiram Bose Sarani, Kolkata-700004  
 (PH:033-25557676)

User Name : babu

Paid Rupees :

UNIT 3  
 R.G. KAR M.C.H.  
 Kolkata

|                          |              |                             |              |             |                   |
|--------------------------|--------------|-----------------------------|--------------|-------------|-------------------|
| Name : HARI MOHAN        |              | [RGKM/OR1800771992]         |              | Friday      |                   |
| Name :                   | Male         | Age :                       | 70 Yrs.      | 0 Months    | 0 Days            |
| Sex :                    |              |                             |              |             |                   |
| Ref. From :              |              |                             |              | Day :       | RGKM/RG1800837470 |
|                          |              |                             |              | Reg. No. :  | 30-11-2018        |
|                          |              |                             |              | Reg. Date : | RGKM/OR1800771992 |
|                          |              |                             |              | Card No. :  | 1052AM            |
| Visit No. : 1            | Department : | ORTHOPAEDIC-UNIT-III        | Visit Date : | Time :      |                   |
| Doctor/Unit Name (DOW) : |              | Prof. K Banerjee/Dr. R Shaw |              |             |                   |
| Room No. :               |              | 106                         | 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>DO I - 29/11<br/>                 (2) knee pain walking<br/>                 N2 -&gt; ? legon? + OA</p> | <ul style="list-style-type: none"> <li>• MRI (P) knee</li> <li>• <del>room 104 - Optax</del></li> <li>• Knee Extension Brace - long type</li> <li>• Ice compress</li> <li>• PCM - TSE 107</li> </ul> |