

MAHADEB KUMAR DAS  
 Male 34 0 0

[RGKM/OR1800778802]

REGMIRG1800785094

Name :	Age :	Yrs. Months Days	Day :
Sex :			Reg. No. :
Ref. From :			Reg. Date :
			Card No. :
Visit No. : 1	Department :	Visit Date :	Time :
Doctor/Unit Name (DOW) :			
Room No. :		Entry No. :	

Visit Date :	Visit No. : 2
Department :	Tm.
Doctor/Unit :	
Entry No. :	

Visit Date :	Visit No. : 3
Department :	Tm.
Doctor/Unit :	
Entry No. :	

Visit Date :	Visit No. : 4
Department :	Tm.
Doctor/Unit :	
Entry No. :	

Clinical Notes	ADVICE
<p>04/12/18</p> <p>PTOT - P/UTC of                      Low back pain                      lost to f/u</p>	<p>Adv.</p> <ul style="list-style-type: none"> <li>MRI spine Lumbo-sacral</li> </ul> <p>04/12/18</p>