

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
PHYSICAL MEDICINE & REHABILITATION OPD Patient Card**

R.G. Kar Medical College & Hospital      User Name : nharjan  
1, Khudiram Bose Sarani, Kolkata-700004      Paid Purpase : 2  
(PH:033-25537676)

Name :	MAYA MIDDYA	[RCKM/OR1800762301]	Day :	Tuesday
Sex :	Female	Age : 48 Yrs. 0 Months 0 Days	Reg. No. :	RCKM/RG1800827001
Ref. From :			Reg. Date :	27-11-2018
			Card No. :	RCKM/OR1800762301
Visit No. : 1	Department : PHYSICAL MEDICINE & REHABILITATION	Visit Date : 27-11-2018	Time :	09:43AM
Doctor/Unit Name (DOW) :	Dr. S Iswarani (Assoc. Prof)	Entry No. :		
Room No. :	116			

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. : _____ Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____		

Clinical Notes	ADVICE
<p>cl @ shoulder post</p> <p>non as decision →</p> <p>Intraoral injection</p> <p>Diabet →</p>	<p><u>Adv</u></p> <p>non of (R) shoulder</p> <p>→ shoulder Exercises</p> <p>→ All do force w/ R. hema etc to</p> <p>① DM 2nd</p> <p>Remind in MRI</p>