

6648/MRI

Ph. No. 8597566471

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

UNIT - 2
ORTHO. O. P.
M. O. KAP. M. C.
Kolkata

Name : M. S. SAIDAN MUSSAIN	Age : 25	Yrs.	Months	Days	Day :
Sex :	Ref. From :	Yrs.	Months	Days	Reg. No. :
Visit No. : 1	Department :	Yrs.	Months	Days	Reg. Date :
Doctor/Unit Name (DOW) :	Room No. :	Yrs.	Months	Days	Card No. :
Visit Date :	Department :	Yrs.	Months	Days	Visit Date :
Doctor/Unit :	Room No. :	Yrs.	Months	Days	Time :
Entry No. :	Department :	Yrs.	Months	Days	Entry No. :

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

ADVICE

22 DEC 2018
f. Decrease of low back pain.
Radiates to thighs/legs.

ADV,
Maxgalin - BR (75) — ODPE x 1 month
Hifenac - MR BDPE x 10 days
Pantocid - DSR ODAE x 10 days
MRI of LS spine

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