

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

UNIT - 1  
ORTH. O. P. D.  
R. G. KAR M. C. P.

ORTHOPAEDIC-UNIT-I 260

R.G. Kar Medical College & Hospital  
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(Ph: 033-25557474)

Name : \_\_\_\_\_ Day : \_\_\_\_\_  
Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days \_\_\_\_\_ Reg. No.: \_\_\_\_\_  
Ref. From: MASURA BIBI [RGKM/OR1800325493] Card No.: Thursday  
Visit No. : 1 Department : 20 0 0 Visit Date : 24-05-2018  
Doctor/Unit Name (DOW) : \_\_\_\_\_ Time  
Room No. : \_\_\_\_\_ Entry No. : RGKM/OR1800325493

Visit No. : 2 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	ORTHOPAEDIC-UNIT-I Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	24-05-2018 Visit No. : 4 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____
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Clinical Notes	ADVICE
	<p>23 JUL 2018</p> <p><u>Adv</u></p> <p>① Check x-ray (R) hand → AP + <u>oblique</u></p> <p>② Hot Compress.</p> <p>③ Tab. Cefuroxime (500) } 1 tab BD x 5 days</p> <p>④ Tab. Shuprav } Antacid } 1 tab each PRN as needed</p>
<p>26 NOV 2018</p> <p>Final. <u>Get</u> (R) thumb Grade II</p> <p>DOO - 17/10/17</p> <p>TE = swelling @ base of (R) thumb.</p> <p>(Hiff) @ MCP 1</p> <p>PIP joint</p> <p>check x-ray - done</p>	<p>Refu to RMO for valuable opinion (1060)</p> <p>23/7/18</p> <p><i>[Signature]</i></p>