

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

R.G. KAR M. O. S. ...

ORTHOPAEDIC-UNIT-III 101

R.G. Kar Medical College & Hospital User Name : shadab
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2
(PH:033-25557676)

Name :	ABDUL ROFIK	[RGKM/OR1800738131]	Day :	Friday
Sex :	Male	Age : 4 Yrs.	Months	Days
Ref. From :			Reg. No.:	RGKM/RG180080048
			Reg. Date :	16-11-2018
			Card No.:	RGKM/OR180073813
Visit No. : 1	Department :	ORTHOPAEDIC-UNIT-III	Visit Date :	16-11-2018
Doctor/Unit Name (DOW) :		Prof. K Banerjee/Dr. B Hossain/Dr. R Shaw/Dr. H Deb	Time :	1014AM
Room No. :		105	Entry No. :	

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
<p>- cle → Pain in lower back radiating to leg s.</p> <p>⊕ MOI: Fall DOI: 6 months back SOI: @ Lower back.</p> <p>- Referred from Bonasat hospital</p> <p>- O/E Swelling - ⊕ ve Open wound - ve DINVD - ve Tenderness +ve</p> <p>- No active intervention needed of orthopaedic</p>	<p align="center"><u>Advice</u></p> <p>→ Ref Refer to Neurosurg OPD</p> <p align="center">MR I Lutoseena Spine - Screening of Spine</p> <p align="right">V. Syon</p>

0) 674228064

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