

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

3/2B
13/11/18

Name : _____
 Sex : _____
 Ref. From : _____ Age : _____ Yrs. Months Days Day : _____
 Reg. No. : _____
 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>13 NOV 2018</p> <p>40- Neck pain @ (R)</p> <p>Xy - C.S.</p> <p>10/12/18 9:00 PM</p>	<p>Physical Medicine & Rehabilitation OPD R.G. Kar Medical College, Kol-04</p> <p>PBS, OPBS, PT, TSP, Uric acid</p> <p>✓ T. Thiox-OD (3) 1/00PC x 10 dy</p> <p>✓ T. Raloxo 1/00PC</p> <p>✓ Cap. Calc 1/00PC</p> <p>✓ Aboltra gel locally</p> <p>✓ T. Remer-plus 1/00PC x 20 dy</p> <p>• Static Neck Ex</p> <p>• Trapezius strengthening Ex</p> <p>• TCA collar</p> <p>সৌম্য মঙ্গল বৃহস্পতি শনি</p> <p>PLEASE BRING ALL PREVIOUS REPORT দয়া করিয়া পুরোনো সমস্ত রিপোর্ট নিয়ে আসবেন</p> <p>PLEASE COME BEFORE 1 HOUR OF YOUR BOOKING TIME ১ ঘণ্টা আগে আসতে হবে</p>

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