

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

MINA FALL  
Female

50

[DR19015416/1]

Paid Rupees 2.00  
Wednesday  
RG19015411  
23-Jan-2019

Name :	GENERAL	Age :	Yrs.	Months	Days	23-Jan-2019	Day :	OR19015416/1
Sex :							Reg. No. :	11:28
Ref. From :	DR. S. KAMRAN, DR. U. KANCI, DR. S. SARKAR, DR. B. BAIRAGYA [Friday/Thursday/Wednesday]						Reg. Date :	
							Card No. :	
Visit No. :	1 Department :					Visit Date :		Time:
Doctor/Unit Name (DOW) :								
Room No. :						Entry No. :		

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

Clinical Notes	ADVICE
	<p><i>Advice on Dietary ...</i></p>