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

2281/16/11/18

Age : 46 Yrs. Months Days

Day :
Reg. No. :
Reg. Date :
Card No. :

1 Department
Name (DOW)

Visit Date : Time:

Entry No. :

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

Clinical Notes	ADVICE
No D-alys	Blood test for HIV (1&2) & HCV, HbSAg, Hb%, Cr, Na+, K+, Urea.

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