

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

ALIPURDUAR DISTRICT HOSPITAL
P. O. ALIPURDUAR, DIST. - A. MUMBAI

Name :						Day :	Paid Rupees 2.00
Sex :	WIPENDRA	Age :	SHOWLIK	Yrs.	Months	Days	Reg. No. :
Ref. From :	Male		76				Reg. Date :
							Card No. :
Visit No. :	1	Department :				Visit Date :	01-Apr-2019
Doctor/Unit Name (DOW) :		GENERAL					Time :
Room No. :		Dr. DR. S. KARMAKAR, DR. P. BAIKABYA, DR.				Entry No. :	01-Apr-2019

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

Clinical Notes	ADVICE
	<p style="font-size: 2em; color: blue;">Admit in Diabetic unit</p> <p style="font-size: 2em; color: blue;">2/wh</p>