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26-9

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19-9-18

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

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

Paid Rupees 2.00

Name : MOUMITA RAY		[OR18199300/1]	Day : Tuesday
Sex : Female	Age : 26 Yrs. Months Days		Reg. No. : OR18197240
Ref. From :			Reg. Date : 18-Sep-2018
			Card No. : OR18199300/1
Visit No. : 1 Department GENERAL Dr: DR. S. KARMAKAR, DR. B. BAIRAGYA,DR. S. [illegible]		Visit Date : 18-Sep-2018 [Monday/Saturday/Tuesday]	Time: 13:14
Doctor/Unit Name (DOW) :			
Room No. :		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
Blood for ICTC HCV. HBsAg HBV. i urea. creatinin. Not [illegible] Pt under Dialysis	Ref. Physicus (94) Refd to dialysis

ICTC
ALIPURDUAR DISTRICT HOSPITAL
PID NO Gco2818
Date 19.09.18
Finding