

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

ALIPURDUAR DISTRICT HOSPITAL

Name :	P.O. ALIPURDUAR, DIST - ALIPURDUAR				Day :	
Sex :	Age :	Yrs.	Months	Days	Reg. No. :	Paid Rupees 2.00
Ref. From :	RABINDRA NATH BOSE				Reg. Date :	Saturday
	Male	65			Card No. :	RG18210309
Visit No. :	1	Department :			Visit Date :	29-Sep-2018
Doctor/Unit Name (DOW) :						Time :
Room No. :	GENERAL				Entry No. :	29-Sep-2018
						11:47

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>D</p>	<p align="center"><i>Admission is to rely on 3 lines</i></p>