

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

Name :					Day :	Paid Rupees 2.00	
Sex :	ROHESH	Age :	Yrs.	Months	Days	Reg. No. :	Friday
Ref. From :	Male		67			Reg. Date :	RG18221855
Visit No. :	1 Department					Card No. :	12-Oct-2018
Doctor/Unit Name (DOW) :	GENERAL					Time :	09:02
Room No. :	Dr. S. KARMAR, DR. U. KANNI, DR. S. SARKAR, DR. S. SARKAR, DR. S. SARKAR				Visit Date :	12-Oct-2018	
					Entry No. :	[Friday/Thursday/Wednesday]	

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

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

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

Clinical Notes

ADVICE

Advice: Daily 1000 ml water

3/10/18

[Signature]