

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

Name :	ALIPURDUAR DISTRICT HOSPITAL			Day :	
Sex :	Age :	P.O. ALIPURDUAR, DIST -ALIPURDUAR		Reg. No. :	Paid Rupees 2.00
Ref. From :	Yrs.	Months	Days	Reg. Date :	Tuesday
				Card No. :	NR18212416
Visit No. :	1	Department :		Visit Date :	02-Oct-2018
Doctor/Unit Name (DOW) :				Time :	10:53
Room No. :	GENERAL			Entry No. :	02-Oct-2018
					DR18212485/1

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
	<p><i>Admission in</i></p> <p><i>Analysis sent</i></p> <p><i>MWJ</i></p> <p><i>[Signature]</i></p>