

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

ALIPURDUAR DISTRICT HOSPITAL

Name :	P.O. ALIPURDUAR, DIST -ALIPURDUAR				Day :	Paid Rupees 2.00	
Sex :	Age :	Yrs.	Months	Days	Reg. No. :	Tuesday	
Ref. From :	PROVASH ADHIKARY				[OR18205714/1]	Reg. Date :	25-Sep-2018
	Male	32				Card No. :	RG18205650
Visit No. :	1	Department :				25-Sep-2018	11:07
Doctor/Unit Name (DOW) :	GENERAL			Entry No. :	25-Sep-2018	11:07	
Room No. :	Dr. DR. S. KARMAKAR, DR. B. BAIRAGYA, DR. S. SARKAR			[Monday/Saturday/Tuesday]			

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

Clinical Notes	ADVICE
	<p><i>Refd to Dialysis wd</i></p> <p><i>Byukle</i></p> <p><i>[Signature]</i></p>