

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

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

Name :	RUPA DEY	Age :	Yrs.	Months	Days	[0918041996/1]	Day :	Friday		
Sex :	Female	Ref. From :					Reg. No. :	0918041899		
Visit No. :	1	Department :					Reg. Date :	09-Nov-2018		
Doctor/Unit Name (DOW) :	GENERAL						Visit Date :	09-Nov-2018	Card No. :	0918041996/1
Room No. :	Dr. S. KARMAYAK, DR. U. KANRI, DR. B. SANKAR, DR. M. YOUSUF						Entry No. :	[Friday/Thursday/Saturday]	Time :	13:22

Visit No. : 2 Visit Date : Tm. Department : Doctor/Unit : Entry No. :	Visit No. : 3 Visit Date : Tm. Department : Doctor/Unit : Entry No. :	Visit No. : Visit Date : Tm. Department : Doctor/Unit : Entry No. :
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Clinical Notes	ADVICE
<p><i>H/o Renal failure 13 days ago diagnosis 13 days ago</i></p>	<p align="center"><i>Ren no (14)</i></p> <p align="center"><i>2</i></p> <p align="center"><i>Admission Dialysis unit 37 wk</i></p>