## DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

ALIPUR**OPD**IS**PatientiCard**P.O. ALIPURDUAR., DIST -ALIPURDUAR

Paid Rupees 2,00 SOUMEN ADHIKARY [UR18201070/1] Thursday Name R010201000 **Day**20-Sep-2018 Sex Reg. No 0818201070/1 Age: Yrs. Months Days Ref. From: 20-Sep-2Reg. Date: GENERAL Dr.S.KARMAKAR, DR.U KAWRI, DR.S.SARKAR, DR.B.BAIRABYA [Friday/Thursday] Visit No. : 1 Department 47 Visit Date: Doctor/Unit Name (DOW) Room No. Entry No. : Visit No.: 2 Visit No.: 3 Visit No.: 4 Visit Date : Tm. Visit Date: Tm. Visit Date: Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. : Entry No. : Entry No.

Clinical Notes **ADVICE** CKD 00 - twice a coner.