

ALIPURDUAR DISTRICT HOSPITAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card

WAMI RAY
 Male

72

[UR1902655/1]

Paid Rupees 2.00

Thursday

RG19026553

07-Feb-2019

[UR1902655/1]

Name : GENERAL
 Sex : Age : Yrs. Months Days
 Ref. From : 07
 07-Feb-2019 Day : 09:47
 Reg. No. :
 Reg. Date :
 Card No. :
 Visit No. : 1 Department : Visit Date : Time :
 Doctor / Unit Name (DOW) :
 Room No. : Entry No. :

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>CHD</i> <i>HTA</i> <i>12DM</i> <i>Amo</i></p>	<p><i>Admission in mmw</i> <i>Hemodialysis twice w</i></p> <p><i>S</i></p>