

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

OPD Patient Card

Name : Khukumani Chhaskh

Sex : F Age : 43 Yrs. Months Days Day :  
 Ref. From : Reg. No. :  
 Visit No. : 1 Department : Visit Date : Card No. :  
 Doctor / Unit Name (DOW) : Chh Time :  
 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

Ref to dialysis  
3/week  
3