

**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. :
Ref. From :	JIBON TALUKDER	59			Reg. Date :
	Male				Card No. :
Visit No. :	1	Department :		Visit Date :	28-Sep-2018
Doctor/Unit Name (DOW) :	GENERAL			Entry No. :	28-Sep-2018
Room No. :	DR. S. KARMAKAR, DR. U. KANRI, DR. S. SARKAR, DR. B. BAIBAGYA			Time :	10:04
					[OR18208674/1]

Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 2 Tm. :	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 3 Tm. :	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 4 Tm. :
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Clinical Notes	ADVICE
	<p><i>Handwritten text in Bengali script, likely a medical prescription or advice.</i></p> <p><i>Signature</i></p>