

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

*Handwritten initials/signature in top right corner.*

ALIPURDUAR DISTRICT HOSPITAL

Name :	P.O. ALIPURDUAR, DIST -ALIPURDUAR	Day :	Reg. No. :	Paid Rupees 2.00
Sex :	Age : Yrs. Months Days		Reg. Date :	Saturday
Ref. From :	BIRSHI TRIKEY Female 45		Card No. :	RG19067982
Visit No. :	1 Department :	Visit Date :	30-Mar-2019	Time: 9:30 AM
Doctor/Unit Name (DOW) :		Entry No. :	30-Mar-2019	12:10
Room No. :	GENERAL			

Visit No.: 2	Visit No.: 3	Visit No. :
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

**Clinical Notes**

*Handwritten notes in Clinical Notes section:*  
 P...  
 P...  
 hand food

ICTC  
 ALIPURDUAR DISTRICT HOSPITAL  
 P.O. SAICTC WBJFG 004  
 Date: 01/04/19  
 Finding:

**ADVICE**

*Handwritten advice in ADVICE section:*  
 A  
 Bowley (UTV 112, UTV, 135m)  
 - In pm 13y.  
 - creche  
 - morning

*Handwritten signature/initials.*