DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

OPD Patient Card

Paid Rupees 2.00

TOR18156248/17 - HAJU - BISWARA-MA RG18158148 Day: 31-761-2018 Name Reg. No. : 0818156248/1 Months Days Sex Age: Yrs. Reg. Date: Ref. From: Dr. DK. S. KARMAKAR, DR. B. BAIRASYA, DR. S. SAKKAN [Monday/Card No. 1250ay] Visit Date: Time: Visit No.: 1 Department Doctor / Unit Name (DOW): Entry No.: Room No. Visit No.: 4 -Visit No.: 3 -Visit No. : 2 Visit Date : Tm. Visit Date Tm. Visit Date: Tm. Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. ntry No. Entry No. : A color ADVICE Clinical Notes corein corein wo was The state of the s