

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

ALIPURDUAR DISTRICT HOSPITAL
P.O. ALIPURDUAR, DIST -ALIPURDUAR

Name :	SUSMIT RAY CHOWDHURY	Yrs.	Months	Days	Day :	Fato Rupees 2.00
Sex :	Male	Age :	40	[DR18201634/1]	Reg. No. :	FR18201572
Ref. From :					Reg. Date :	21-Sep-2018
					Card No. :	DR18201634/1
Visit No. :	1 Department				Visit Date :	21-Sep-2018
Doctor/Unit Name (DOW) :	GENERAL				Time :	09:30
Room No. :	07				Entry No. :	[Friday/Thursday/Wednesday]

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

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

Visit Date :	Visit No. : 4	Tm.
Department :		
Doctor/Unit :		
Entry No. :		

Clinical Notes

ADVICE

Ref. to mory

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*Follow to doctor's
order*