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

P. ALIPURBUAR WASTRIET MASPATAHUAR

Paid Rupees 2.00

SHYAMAL PAUL		0 0 (AMAGEN 1 11 N) 11 N	[OR18202	036/1]	Friday	
Name : Male	46			DayR618201974		
Sex :	Age: Yrs	s. Months	Days	Reg. No21-Sep-2018		
Ref. From:				Reg. Datel#18202036/1		
	GEMERAL			21-Sep-20 Card No.:	11:05	
Visit No. : 1 Department	t Dr.S.KARMAKAR,	DR.U KAMRI,DR.S.SARK	AR, DR. B. WASH Date	riday/Thursday/Wednes	day Time:	
Doctor/Unit Name (DOW)	<b>%</b> 7.					
Room No.	4		Entry No.	:		
v	isit No. : 2 ¬ ¬		Visit No. : 3		Visit No.: 4	
Visit Date :	Tm. V	isit Date :	Tm.	Visit Date :	Tm.	
Department:	D	epartment:		Department:		
Doctor/Unit:	D	octor/Unit:		Doctor/Unit:		
Entry No. :	E	ntry No. :		Entry No. :		

Clinical Notes	ADVICE
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