

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

Form 10-2019

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


4/18/19  
16/8  
27/4

Name : NAYAL KISHOR SHA	Age : 38	Yrs.	Months	Days	Day : Wednesday
Sex : Male	Ref. From :	[UR19086376/T]			Reg. No. : 19086301
Visit No. : 1	Department : GENERAL	Visit Date : 24-Apr-2019			Reg. Date : Apr-2019
Doctor/Unit Name (DOW) : Dr. S. KANAKAR, DR. U. KANIT, DR. S. SANKAR, DR. B. SAIBABYA	Room No. : #7	[Friday/Thursday/Wednesday]			Card No. : 19086376/1
Entry No. :					Time : 09:19

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

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

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

Clinical Notes	ADVICE
<p>ICTC ALIPURDUJAR DISTRICT HOSPITAL P.O. ALIPURDUJAR Date: 24/04/19</p> <p align="right">GEOD 645</p> 	<p>HbL, e-creatinin, <del>SPO</del> <u>Na<sup>+</sup>, K<sup>+</sup></u></p> <p>HCV, <u>HIV I &amp; II</u>, Hbs Ag,</p> <p>S. una.</p> <p align="center">Rm to MODD (12)</p> <p align="center">Refer to dialysis &amp; out.</p> <p align="right"><u>EC</u></p>