DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

OPD Patient Card

Ref. From: Male 76 Visit No.: 1 Department: Doctor / Unit Name (DOW) FRAL	Day: Faid Rupees 2.00 Months Days [OR18206916/1] Reg. No.: Wednesday Reg. DateR018206850 Card No.26-Sep-2018 Visit Date: OR1820 Final: 26-Sep-2018 12:05 1,DR.S.SARKAR, DR. B. BENNY No. riday / Thursday / Wednesday]
Visit Date : Tm. Visit Da Department : Departm Doctor/Unit : Doctor/U Entry No. : Entry No.	Visit No.: 3 Ite: Tm. Visit Date: Tm. Department: Unit: Doctor/Unit:
Clinical Notes	ADVICE