

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

9/11  
25/11  
17/11

GURINDA PAUL  
Male 56

(DR18135499/1)

Paid Rupees 2.00  
Friday

Name : \_\_\_\_\_  
 Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days  
 Ref. From : GENERAL  
 Visit No. : 1 Department 07 : \_\_\_\_\_  
 Doctor / Unit Name (DOW) : \_\_\_\_\_  
 Room No. : \_\_\_\_\_  
 Entry No. : \_\_\_\_\_

Day 06-Jul-2018  
 Reg. No. DR18135499/1  
 Reg. Date : 06-Jul-2018 13:00  
 Card No. \_\_\_\_\_

Visit Date : \_\_\_\_\_ Time : \_\_\_\_\_

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

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

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

Clinical Notes

ADVICE

**ICTC**  
**ALIPURDUAR DISTRICT HOSPITAL**  
 PO NO. 6002153  
 Date: 17-07-18  
 Finding: \_\_\_\_\_

17/7

Adv  
 Advise in detail  
 with

Block for HIV 1 & 2  
 HCV  
 HbsAg  
 Ab<sub>0</sub>  
 Creatinine & Urea  
 Na<sup>+</sup>, K<sup>+</sup>

*(Signature)*