

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


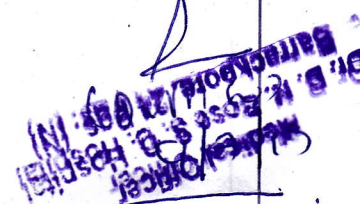
DR. B.N. BOSE S.D. HOSPITAL  
Barrackpore (W-24-P65) .kolkata

|                          |              |              |                         |      |        |      |                |              |              |                  |
|--------------------------|--------------|--------------|-------------------------|------|--------|------|----------------|--------------|--------------|------------------|
| Name :                   | PRONAB GHOSH | Age :        | 56                      | Yrs. | Months | Days | [OR19074527/1] | Day :        | Thursday     | Paid Rupees 2.00 |
| Sex :                    | Male         | Ref. From :  |                         |      |        |      |                | Reg. No. :   | RG19074492   |                  |
| Visit No. :              | 1            | Department : | GENL OPD                |      |        |      |                | Reg. Date :  | 04-Jul-2019  |                  |
| Doctor/Unit Name (DOW) : |              | Room No. :   | [DOC0000029] - Thursday |      |        |      |                | Card No. :   | OR19074527/1 | Time 09:56       |
|                          |              |              | 14                      |      |        |      |                | Visit Date : | 04-Jul-2019  |                  |
|                          |              |              |                         |      |        |      |                | Entry No. :  |              |                  |

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

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

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

| Clinical Notes | ADVICE   |
|----------------|--|
|                | <p style="text-align: center;">- Advise for dialysis as per sent over</p> <div style="text-align: right; margin-top: 20px;"> <br/>  </div> |