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

NEPHROLOGY PEPHROLOGY NEPHROLOGY WED (O.P.D.) 28E, 4RT

User Name : Pamenda S

IPGMER & SSKMH

MdS8H3M/O[04900214418] DILIP DOLANG: Yrs. Sex 0 Ref. From: Male

Day: Reg. No.: Wednesday Reg. Dateskm/RG1900271388

27-02-2019 Card No.: SSKMADRIGO0214418

Visit No.: 1 Department:

Visit Date : 27-02-2019

Room No.

VISIL NO.: 1 Department.

Doctor/Unit Name (DOW): NEPHROLOGY 27-02-2019
Prof (Dr.)D. Sen [1st, 3rd, 5th]/Prof (Dr.)A-Royshowdhury [2nd, 4th]

Visit Date

- Visit No.: 2 Tm.

Visit Date

Visit No.: 3

Visit No. : 4 Tm.

Department:

Department:

Visit Date Department:

Doctor/Unit:

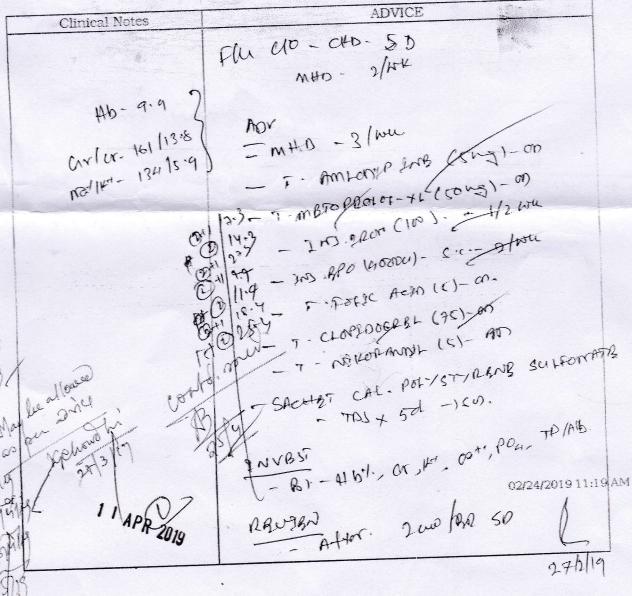
27 FEB 2019 Doctor/Unit:

Doctor/Unit:

Entry No. :

Entry No. :

Entry No.



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