

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

DH-Siliguri

Siliguri, West Bengal, PIN-734001

User Name : SUNITA
Paid Rupees : 2

| | | | |
|---------------------------------|---------------------|---|-------------------------------------|
| Name : (PH:0) | | Day : Monday | |
| Sex : GAYNRUEPAJ | Age : 32 | Yrs. Months Days : 0 0 0 | Reg. No. : SDH/RG1800306050 |
| Ref. From : Female | | | Reg. Date : 24-09-2018 |
| | | | Card No. : SGDHIOR1800275618 |
| Visit No. : 1 | Department : | Visit Date : 24-09-2018 | Time : 11:16AM |
| Doctor/Unit Name (DOW) : | MEDICINE | Entry No. : Dr.Soumaya Ghosh/Dr.Pratim Roy/Dr. Sirshendu pal/Dr.Amit Kumar Das/Dr. Md. Jahangir Gazi | |
| Room No. : | | | |

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

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

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

| Clinical Notes | ADVICE |
|---|--|
| <p>CRD or RRT</p> <p>Hb% un cons mark</p> <p>HbS 2</p> <p>HbA1c 2</p> <p>HbE</p> <p>Diagn's Date 28-9-18 at 8.00 A.M.</p> <p><i>(Signature)</i></p> | <p>Metformin Hemodilys</p> <p>3m/week</p> <p>and Nephrology</p> <p>at N Zone 1</p> <p><i>(Signature)</i></p> <p>Dr. Amit Kumar Das M.O. (Physician) Siliguri District Hospital Regd. No.61765 (WBMC)</p> |