260 – 263

63

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

				Paid Rupees : 2
Name : MD JAMALUDDIN	[HWHD/OR1800228005]			Day : Tuesday
Sex : Male	Age : 55 Yrs.	0 Months	0 Days	**Reg No. : HWHD/RG1800279248**
Ref.From :				Reg. Date : 20-11-2018
HWHD/OR1800228005				**Card No :**
Visit No. : 1 Department : MEDICINE		Visit Date : 20-11-2018		Time : 12:01PM
Doctor/Unit Name(DOW) : Dr. DEBASISH DUTTA				
Room No. 13				

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
K/C/O CKD on MHD	- follow order of nephrologist - [illegible] EPO 4000 [illegible] Supply one EPO on 20-11-18 at 1 P.M 20/11/18 20/11/18 - refer to HD units for hemodialysis

147 G.T. Road Shibpur Howrah (2)
Ph No: 9007598818

User Name : hdhopd