


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

			Paid Rupees : 2	
Name : MRITYUNJOY MONDAL		[HWHD/OR1900121574]		Day : Monday
Sex : Male	Age : 65 Yrs.	0 Months	0 Days	Reg No. : HWHD/RG1900151893
Ref.From :				Reg. Date : 08-07-2019
Card No : HWHD/OR1900121574				
Visit No. : 1 Department : MEDICINE			Visit Date : 08-07-2019	Time : 12:22PM
Doctor/Unit Name(DOW) : Dr. BIKASH GOSWAMI				
Room No. 13				

Visit No : 2	Visit No : 3	Visit No : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No :	Entry No :	Entry No :

Clinical Notes	ADVICE
8/7/19	<p>1.  Refer to HD unit for haemodialysis.</p> <p style="text-align: right;"><i>[Signature]</i></p>