GENERAL SURGER DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

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Name Male Day : MCHK/RG1800956401 Sex Age: Yrs. Days Months Reg. No.: Ref. From: Reg. Date: MCHK/OR1800786348 01 Card No. : GENERAL SURGERY OPD PROF. S. MAITY/DR. S.SEN/Dr. Wisit Date: 213, 214 Visit No.: 1 Department: Time: Doctor/Unit Name (DOW) : Room No. Entry No. : Visit No. : 2 Tm. Visit No.: 3 Visit No. : 4 Tm. Visit Date : Visit Date : Visit Date : Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Entry No. Entry No.

