

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

Abdul Majid

Name :	Sex :	Age :	Yrs.	Months	Days	Day :
Ref. From :		34				Reg. No. :
Visit No. :	I Department :					Reg. Date :
Doctor / Unit Name (DOW) :						Card No. :
Room No. :						170029
						Visit Date 14.9.18 Time
						Entry No. :

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
<p>DR. AMIT DE (Physician) Purba Medinipur District Hospital Tamluk মহলাবার/শুক্লাবাব</p> <p>25/9/18</p>	<p>Haemodialysis Rx Ing Erythropoietin 400 iu stat</p> <p>- Blood Urea - Sr Creatinine - Hb% - Na+K+ - HIV < $\frac{1}{11}$, HbsAg, Anti HCV</p>
	<p>Haemodialysis Rx Ing Erythropoietin 400 iu stat</p> <p>- Blood Urea - Sr Creatinine - Hb% - Na+K+ - HIV < $\frac{1}{11}$, HbsAg, Anti HCV</p>