

Bhagwanpore

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

B. mendranath Bhusong

Name :	Age : 50 Yrs.	Months	Days	Day :	Reg. No. : 124812
Sex :				Reg. Date :	
Ref. From :				Card No. :	
Visit No. : 1	Department :		Visit Date :	30.7.78	Time :
Doctor/Unit Name (DOW) :			Entry No. :		
Room 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>Haemodialysis Rx Ing Erythropoietin 400 iu stat</p> <p>- Blood Urea - Sr Creatinine - Hb% - Na+K+ - HIV < II, HbsAg, Anti HCV</p> <p>27804 7/9/78 11-9-78</p>	<p>Haemodialysis Rx Ing Erythropoietin 400 iu stat</p> <p>- Blood Urea - Sr Creatinine - Hb% - Na+K+ - HIV < II, HbsAg, Anti HCV</p> <p>10/2/78</p>