

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

Name : _____	Age : _____ Yrs. _____ Months _____ Days _____	Day : _____
Sex : _____		Reg. No. : _____
Ref. From : _____		Reg. Date : _____
		Card No. : _____
Visit No. : 1	Department : _____	Visit Date : _____ Time : _____
Doctor/Unit Name (DOW) : _____		Entry No. : _____
Room No. : _____		

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

Clinical Notes	ADVICE
<p>CKD on MHO</p> <p>3/ur</p> <p>(A) Acute tubular over</p> <p>Prognosis</p> <p>Tribble Corology</p> <p>168/110</p>	<p>Received HD on 26/12/18 → next date on</p> <p>Advis</p> <p>Contact HD unit for MHO</p> <hr/> <p>Tab. Amitriptyline (10)</p> <p>1 Tab QPR (2)</p> <p>Tab. Cal B<sub>3</sub></p> <p>Tab. Phosstat (667)</p> <p>Tab. Nodoseu (500)</p> <p>Tab. Dyfar (10)</p> <p>1/2 Tab ODPCW</p> <p>to stop on HD day</p>