

OPD Patient Card

(Use for Home - OPD)  
Only Purpose - 2

BARHEELING DISTRICT HOSPITAL  
EDEN HOSPITAL COMPOUND, BARHEELING

Name : Sex : Ref. From : Age: CHA Yrs. : Months/OPD Days: 04/8591 (PH: 913542256790)	Visit No. : 1 Department : Doctor/Unit Name (DOW) : Room No. : Entry No. :	Name : Sex : Ref. From : Age: CHA Yrs. : Months/OPD Days: 04/8591 (PH: 913542256790)	Visit No. : 2 Department : Doctor/Unit : Entry No. :
Day : Reg. No. : Reg. Date : Card No. : Visit Date : Time :	Visit No. : 3 Department : Doctor/Unit : Entry No. :	Day : Reg. No. : Reg. Date : Card No. : Visit Date : Time :	Visit No. : 4 Department : Doctor/Unit : Entry No. :

Clinical Notes ERD - Stage - 4 on MHD H7N HB - 9.5 mg/dl HBsAg Anti HBc (neg) HBV	ADVISE on MHD Adv: Level Diet Refer to Haemodialysis Unit for cont. medications as adv MHD
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06/21/2018 10:44

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