

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

User Name : opd2
Paid Rupees : 2

MINU SINGH

[DADH/OR1900008804]

Monday

Name : Female	Age : 50	Yrs. : 0	Months : 0	Days : 0	Day : 18-02-2019
Sex :	Age :	Yrs. :	Months :	Days :	Reg. No. : DADH/OR1900008804
Ref. From :	GENERAL DR. GENERAL 13			18-02-2019	Reg. Date : 11:18AM
Visit No. : 1	Department :	Visit Date :	Time :		
Doctor / Unit Name (DOW) :	Entry No. :				
Room No. :					

Visit Date :	Visit No. : 2
Department :	Tm.
Doctor/Unit :	
Entry No. :	

Visit Date :	Visit No. : 3
Department :	Tm.
Doctor/Unit :	
Entry No. :	

Visit Date :	Visit No. : 4
Department :	Tm.
Doctor/Unit :	
Entry No. :	

Clinical Notes	ADVICE
	<p>Admit for Dialysis w/ 7/18/✓</p>