

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

General

17

Name : <i>Sanjay Tamery</i>	Sex :	Age : <i>40</i>	Yrs.	Months	Days	Day :	Reg. No.:
Ref. From: <i>407 / M</i>						Reg. Date :	Card No.:
Visit No. : 1	Department :	Visit Date :				Time :	
Doctor/Unit Name (DOW) :				Entry No. :			
Room No. :							

Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 2 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 3 Tm.	Visit Date : Department : Doctor/Unit : Entry No. :	Visit No. : 4 Tm.
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Clinical Notes	ADVICE
<p><i>Bp - 160/80</i> <i>HR - 76</i></p>	<p><i>Admission</i> <i>Dialysis - unit</i> <i>Wccas - 2 / 14/12</i></p> <p align="right"><i>[Signature]</i></p>