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

User Name : opd2 Paid Rupees : 2

: Male Name Day PADH/RG1800108899 Reg. No.: 29-10-2018 Reg. Date: DADH/OR1800092018 Sex Age: Yrs. Months Days Ref. From: 29-1 Card No.: Visit No.: 1 Department: Visit Date: Time: Doctor / Unit Name (DOW): Room No. Entry No.: - Visit No. : 2 -Visit No.: 3 -Visit No.: 4 -Visit Date : Tm. Visit Date: Visit Date : Tm. Tm. Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit:

Entry No. : Sallollo Entry No. :

Dialysis such

- Refd to Dralysis Wurt

Entry No. :

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