

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

Prakash Dhami

e - 38.

GMR - No - 012

109

Name :	Age :	Yrs.	Months	Days	Day :
Sex :	Ref. From :				Reg. No.:
					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. :

Clinical Notes

HTN, CKD stage IV

ADVICE

Adv

Dialysis as adv by NBM (4x)

