

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

*Sadya Koo Beeg*

• 18235

Name :	Age : <i>53</i> Yrs.	Months	Days	Day :
Sex :	Ref. From :			Reg. No. :
Visit No. : 1	Department :	Visit Date :	<i>22.1.19</i>	Time :
Doctor / Unit Name (DOW) :	Room No. :	Entry No. :		Card No. :

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

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

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

Clinical Notes	ADVICE
<p><b>DR. AMIT DE (Physician)</b> Purba Medinipur District Hospital Tamluk সম্বলপুর</p> <p><i>27/1/19</i> <i>[Signature]</i></p>	<p>Haemodialysis Rx Inj Erythropoietin 400 iu stat</p> <p>- Blood Urea - Sr Creatinine - Hb% - Na+K+ - HIV &lt; 11. HbsAg, Anti HCV</p> <p align="right"><i>[Signature]</i> <i>29/1/19</i></p>
<p><b>DR. AMIT DE (Physician)</b> Purba Medinipur District Hospital Tamluk শুক্রবার (১৯ ও ৩য়)</p> <p><i>3/2/19</i> <i>[Signature]</i></p>	<p>Haemodialysis Rx Inj Erythropoietin 400 iu stat</p> <p>- Blood Urea - Sr Creatinine - Hb% - Na+K+ - HIV &lt; 11. HbsAg, Anti HCV</p> <p align="right"><i>[Signature]</i> <i>1/2</i></p>