

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

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

Handwritten notes in Clinical Notes:
 F.4 Cas
 of CRP.
 T2 DOT
 Sy/E - 230
 VPD
 Urea - 156
 Cr - 7.0
 Na+ - 132
 K+ - 4.9
 Wb - 8.8 gA
 4 T2 DOT, CRP

Handwritten notes in ADVICE:
 Advice admin in
 RF 2 under
 unit. EV. Bed
 NG - 206.
 Please for Wasserdialys
 [Signature]

Vertical stamp:
 H.C.D.
 C.N.M.C.
 D.D.O.
 K.M.C.