DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF WEST BENGAL OPD Patient Card HOSPITAL PARA

User Name : Partha Chakraborty Paid Rupees :

(PH:03561232002)

RATU PASWAN

UADH/OR1800140857]

Thursday

Male

Yrs.

Months

Days

Reg. Noadh/OR1800140857

Day:

15-11-2018

Name Sex Ref. From:

Age:

Reg. Date :

BHATTACHARJEET DT. KAKOLI ROWisit Date:

Dr. MALAY KUMAR NATHADEMANURANJAN SARKARADESAGARIKA

Time:

Visit No. : 1 Department : Doctor / Unit Name (DOW) : Room No. :

Visit No.: 2

Tm.

Department

Visit Date

Visit No.: 4 Tm.

Visit Date

Department

Doctor/Unit

Entry No.

Visit Date

Doctor/Unit

Entry No.

Visit No.: 3 Tm.

Entry No:

Department

Doctor/Unit

Entry No.

Clinical Notes

ADVICE

11/15/2018 09:1