

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

**JALPAIGURI DISTRICT HOSPITAL**

User Name : Pradip Ghosh  
Paid Rupees : 2

**HOSPITAL PARA**

Name :	Age :	Yrs.	(PH:03561232002)	Day :
Sex :			Months	Reg. No. :
Ref. From :	PULAK MANDAL		Days	Reg. Date : Monday
	Male	50	0	Card No. :
Visit No. : 1	Department :			JADH/RG1900075232
Doctor / Unit Name (DOW) :				01-07-2019
Room No. :				JADH/OR1900055432
				Entry No : 01-07-2019
				12:54PM

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

**MALE MEDICINE**

Dr. MALAY KUMAR NATH/Dr. MANORANJAN SARKAR/Dr. SAGARIKA  
BHATTACHARJEE/Dr. KAKOLI ROY

Clinical Notes	ADVICE
<p>CKD-2</p>	<p>Adv.</p> <p>Twice HD per wk</p> <p>Singh</p> <p>29.06.19</p>