

**DEPARTMENT OF HEALTH & FAMILY WELFARE**  
**GOVERNMENT OF WEST BENGAL**  
**JALPAIGURI DISTRICT HOSPITAL**  
**OPD Patient Card**  
**HOSPITAL PARA**  
**(PH:03561232002)**

User Name : Debashis Saha  
 Paid Rupees : 2

|                            |   |                              |
|----------------------------|---|------------------------------|
| Name : NAJIR HOSSAIN       | [JADH/OR1900067165]                                     | Day : Friday                 |
| Sex : Male                 | Age 63 Yrs. 0 Months 0 Days                             | Reg. No. : JADH/RG1900089793 |
| Ref. From :                |   | Reg. Date : 26-07-2019       |
| Visit No. : 1              | Department : MALE MEDICINE                              | Card No. : JADH/OR1900067165 |
| Doctor / Unit Name (DOW) : | Dr. MALAY KUMAR NATH/Dr. MANORANJAN SARKAR/Dr. SAGARIKA | Time : 01:52PM               |
| Room No. :                 | BHATTACHARJEE/Dr. KAKOLI ROY                            | Entry No. :                  |

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

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

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

| Clinical Notes | ADVICE  |
|----------------|---|
| <p>CKD-2</p>   | <p>Advice for Two Dialysis per wk.</p> <p><i>[Signature]</i><br/>26-07-19</p> |

07/26/2019 01:56 PM