## DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF WEST BENGAL OPD Patient Card HOSPITAL PARA

User Name : Partha Chakraborty Paid Rupees: 2

(PH:03561232002)

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7	4			

[JADH/OR1800141143]

Thursday

Age:

Yrs. Months

Days

Reg. Noadh/OR1800141143

Day: 15-11-2018

Ref. From:

Reg. Date : DI MALAY KUMAR NATH/DI MANURANJAN SARKAR/DI SALARIKA

BHATTACHARJEE/Dr. KAKOLI ROWisit Date:

Time:

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

Visit No.: 3

Visit Date

Visit No.: 4 Tm.

Visit Date Department Tm.

Visit Date Department

Entry No:

Department

Doctor/Unit

Entry No.

Visit No.: 2

Doctor/Unit

Entry No.

Doctor/Unit

Entry No.

Clinical Notes

**ADVICE** 

16/11/18. CKD-Stage V

- 3 HD Per wix

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