DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

JALPAICORD Patient Card SPITAL

User Name : Debabrata Paul Paid Rupees: 2

HOSPITAL PARA (PH:03561232002)

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[JADH/OR1800155703]

Friday

Name Sex

Male

Clinical Notes

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MALE MEDICINE

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Days

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Reg. No. : 21-12-2018 Reg. Date HADR1800155703

21-12-2 Gard No. :

Visit No.: 4-

Tm.

Time:

Ref. From:

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

Visit No.: 2 Tm.

Age:

Visit Date Department

Doctor/Unit

Entry No.

DLMALAY KUMAR NATHIDLMANO**VISHADAT**RKARIDLSAGARIKA BHATTACHARIEE/Dr. KAKOLI ROY

Months

Visit Date Department

Doctor/Unit

Entry No.

Visit No.: 3

Tm.

Entry No:

Visit Date Department

Doctor/Unit

Entry No.

ADVICE

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