

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

User Name : Debabrata Paul
 Paid Rupees : 2

HOSPITAL PARA
 (PH:03561232002)
 [JADH/OR1800155700]

PRAFULLYA RAY

Name :
 Sex :
 Ref. From :

Female

Age :

35

Yrs.

Months

Days

MALE MEDICINE

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

Visit Date :

21-12-2018

Time :

Friday

Day
 Reg. No. :
 Reg. Date :
 Card No. :

JADH/ORG1800184290

21-12-2018

JADH/OR1800155700

09:35AM

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

Entry No. :

Visit No. : 4
 Tm.

Visit Date :
 Department :
 Doctor/Unit :
 Entry No. :

Visit No. : 2
 Tm.

Visit Date :
 Department :
 Doctor/Unit :
 Entry No. :

Visit No. : 3
 Tm.

Visit Date :
 Department :
 Doctor/Unit :
 Entry No. :

ADVICE

Clinical Notes

GKD Stone
 Wound June 2018

AMAMULLAR DIALYSIS
 DEBABRATA PAUL HOSPITAL
 SANKAR O DMRC HOSPITAL
 JOLITHA UDYOG
 21.12.18

12/21/2018 09