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

## JALPAIGURI DISTRICT HOSPITAL. HOSPITAL PARA

User Name : Debabrata Paul

Paid Rupees: 2

(PH:03561232002)

Name

SAMSED DOHA

[JADH/OR1800142184]

Day:

Saturday

Sex : Ref. From :

Male Age:

16 Yrs.

oMonths o Days

Reg. Noadh/RG1800167433 Reg. Date: 17-11-2018 Card Noadh/OR1800142184

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

MALE MEDICINE

Visit Date :17-11-2018

Time 12:49PM

DI.MALAY KUMAR NATH/DI.MANOHANJAN SARKAH/DI.SAGARIKA BHATTACHANJEE/DI.KAKULI NOYENTY NO :

Visit Date Department

Entry No.

Visit Date

Visit No.: 3 -Tm.

Visit Date Department Visit No.: 4 Tm.

Tm.

Visit No.: 2

Department

Doctor/Unit

Doctor/Unit Entry No.

Doctor/Unit

Entry No.

Clinical Notes

**ADVICE** 

CKD Stags I

MEBS (Call) nialysis Linit District Hospital Jalpaiguri