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

8/ 17/08/18

College of Medicine & Sagore Dutta Hospital
B.T. ROAD, KAMARHATI, 700058

Name :		(PH.O)	Day :
Sex :	Age : Yrs. Months Days		Reg. No.:
Ref. From :			Reg. Date :
			Card No.:
Visit No. : 1 Department :		Visit Date :	Time :
Doctor/Unit Name (DOW) :			
Room No. :		Entry No. :	

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit:	Doctor/Unit:	Doctor/Unit:
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
CCO → weakness of Lt sides/by BP 150/90 mm	Adv Tab. Amlt (5) 1 tab 1 — x — x 1 - CT scan of brain - 2 Ech called Review c Report [illegible]
CBC / MPDA / NS1 ANTIGEN PPBS / FBS / HBA1C / UREA / CR LFT / LIPID PROFILE FT4, T3, TSH USG OF W/A MRI / NCCT OF BRAIN CXR - PAV	