

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card
College of Medicine & Sagore Dutta Hospital
B.T ROAD , KAMARHATI , 700058
(PH:0)**

Handwritten signatures and date: 19/6/18

Name : PROSHNATA MAJUMDAR	[CMSD/OR1800194050]	Day : Monday
Sex : Male	Age : 52 Yrs. 0 Months 0 Days	Reg. No: MSD/RG1800204780
Ref. From :		Reg. Date : 28-05-2018
		Card No: MSD/OR1800194050
Visit No. : 1	Department : MEDICINE	Visit Date : 28-05-2018
Doctor/Unit Name (DOW) :	Prof. Partha Chattopadhyay, Dr. Amrito Biswas, Dr. Rana Rajak, Dr. Anil kumar Dubey	Time : 12:01 PM
Room No. :	8	Entry No. :

Visit Date : _____	Visit No. : 2	Visit Date : _____	Visit No. : 3	Visit Date : _____	Visit No. : 4
Department :	Tm.	Department :	Tm.	Department :	Tm.
Doctor/Unit :		Doctor/Unit :		Doctor/Unit :	
Entry No. : 13 AUG 2018		Entry No. :		Entry No. :	

Clinical Notes	ADVICE
<p>KCO HTN.</p> <p>BP - 140/80mm Hg</p> <p>Chest - B/L wheeze.</p> <p>12/10/18 - 12/11/18</p> <p>12/10/18 - 12/11/18</p> <p>BP - 140/80mm Hg</p>	<p><u>Adv</u></p> <p>T. Amlo (5) - OD x cont.</p> <p>T. Losartan (50) - OD x cont.</p> <p>T. Pan (40) - OD AC x cont.</p> <p>Syr. Ascariol - cont. TOS.</p> <p><u>Adv</u></p> <p>and one</p> <p>- Refer to SOPD</p>