

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

Parul Beg

Name :	Sex :	Age : <i>45</i> Yrs.	Months	Days	Day :
Ref. From :					Reg. No. :
Visit No. : 1	Department :				Reg. Date :
Doctor / Unit Name (DOW) :					Card No. :
Room No. :					Visit Date <i>24.08.17</i>
					<i>448434</i>
					Entry No. :

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

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

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

Clinical Notes	ADVICE
<p align="center"><i>24/8</i></p> <p align="center"><i>29628</i></p> <p align="center"><i>mls</i></p> <p align="center"><i>DR. ANIL K. DEB</i> General Hospital P. S. ... মহাপরিচালক/সহকারী</p>	<p align="center"><i>24 818</i></p> <p align="center"><i>R P H 1 (2)</i></p> <p><i>PMU 500 — es —</i></p> <p><i>Anto 40 — es —</i></p> <p><i>CF brain</i></p> <p align="right"><i>24/8</i></p>