

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

08.18

106

SK Newy

Name : M Age : 26 Yrs. Months Days Day :  
 Sex : Reg. No. :  
 Ref. From : Reg. Date : 18/8/18  
 Card No. :

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

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

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

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

Clinical Notes	ADVICE
	<p><u>Hoffmann's</u> Pw 26                      - N.C.T of KUB                      and gall bladder.</p> <p>→ Colonoscopy                      - Acc m</p> <p>→ MRI                      - abdomen</p> <p>→ Emergency                      - visit</p> <p>12/8/18</p>