

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

4

Name :	Age :	Vill. : <u>Uluberia S.O. Hospital</u>	Dist. : <u>Howrah</u>	Day :	Reg. No. :
Sex :	14	Yrs. :	Months :	Days :	<u>Paid Rupees 2.00</u>
Ref. From :	<u>BIJAY PATHRA</u>			Reg. Date :	<u>Monday</u>
	<u>Male</u>			Card No. :	<u>RG18176004</u>
Visit No. : 1	Department :			Visit Date :	<u>20-Aug-2018</u>
Doctor / Unit Name (DOW) :	<u>GENERAL OPD</u>			Entry No. :	<u>20-Aug-2018</u>
Room No. :	<u>Dr. P.K. Das / Dr. S.Pal (Monday)</u>				<u>10:38</u>

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><u>2MS</u></p> <p>Tracheal 1020-1000</p>	<p align="right"><u>Tom Sam</u></p> <p align="right"><u>Dilum</u></p> <p align="right"><u>in</u></p> <p align="right"><u>Fu 1 m</u></p> <p align="right"><u>ku & soon</u></p> <p align="right"><u>20/8</u></p> <p align="right"><u>59444</u></p> <p><u>ET</u></p> <ul style="list-style-type: none"> - ET area of lvs - PM - TDR - PM - CR