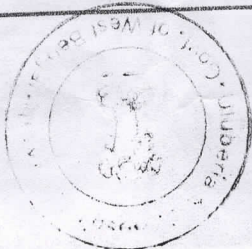


DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card



pls come on 23/08/18

Sees note

Name : _____ Sex : _____ Ref. From : _____
 Age : 62 Yrs. Months _____ Days _____
 Visit No. : 1 Department : *gen* Doctor / Unit Name (DOW) : _____
 Room No. : _____
 Day : _____ Reg. No. : _____ Card No. : _____
 Visit Date : _____ Time : _____
 Entry No. : _____

Visit Date : _____
 Department : _____
 Doctor / Unit : _____
 Entry No. : _____

Visit Date : _____
 Department : _____
 Doctor / Unit : _____
 Entry No. : _____

Visit Date : _____
 Department : _____
 Doctor / Unit : _____
 Entry No. : _____

Clinical Notes

*o/o children
Neuro degic. (PH) preparation for PH)
under treatment by physician*

ADVICE

*both
CT Scan of brain
CT Scan lower abdomen
Repeat*

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