

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



308

Mohua Sen Jana

Name : _____ Day : _____
 Sex : **F** Age : **10** Yrs. Months _____ Days _____ Reg. No. : _____
 P. of From : _____ 522 Card No. : _____
 Visit No. : 1 Department : _____ Visit Date : _____ Time : _____
 Doctor / Unit Name (DOW) : _____ Entry No. : _____
 Room No. : _____ **Ent**

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

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

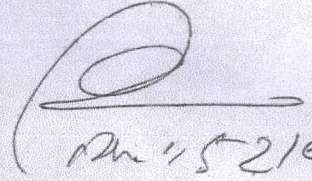
Visit No. : 4
 Visit Date : _____ Tm. _____
 Department : _____
 Doctor / Unit : _____
 Entry No. : _____

Clinical Notes

ADVICE

DNS/RD
 + Non Coarct
 + Headache

DB
 - CT Scan Neck & Png (Axial Coronal)
 - Per Dec-650 Png x 2
 + Zone of white matter x 7A


 No 152161 (wa)