

23/08/18  
 Please come on 9

Annexure III

DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF WEST BENGAL  
 OPD / EMERGENCY TREATMENT CARD

26836

Name of the Health Facility Kamalpur B.P.H.C. / Nabagram P.H.C. / Pichaldaha P.H.C. ....

Address Shyampur-I, Howrah..... Tel. No. .... 23 AUG 2018

PATIENT DETAILS		Registration Number-		Date-		
Name	Nabyendu	Chandro	Age	25 ys	Sex	M
Address	Kotra	Vill	Kotra			
P.O.	Kotra	P.S.	Shyampur	Dist.	Howrah	

Visiting Date .....  
 Doctor's Name .....

Clinical notes	ADVICE / Investigations
History/ Complaints Signs & Symptoms Clinical Examination Injury Notes  <i>Handwritten notes:</i> Headache Joint pain	Date: <i>23/08/18</i> <i>CP &amp; Cold of 20 min</i> <i>Xray of spine &amp; leg</i>  <i>Aspirin</i>  <i>Acet</i>  <i>Gamma</i>
Provisional diagnosis	1. Fever < 7 days a) with rash b) with bleeding c) with cough & cold d) with joint pain e) with semi-circular cloud - 4 2. Fever > 7 days 3. GE a) with no dehydration b) with some dehydration c) with blood. d) cholera 4. ARI 5. Cough > 3wk 6. Measles 7. Influenza 8. Dengue 9. Malaria 10. Chikungunya 11. Kalaazar 12. Filaria 13. Jap encephalitis 14. Typhoid 15. Hepatitis 16. Jaundice 17. AFP 18. Anthrax 19. Arsenicosis

*Handwritten notes:*  
 24/8/18  
 24/8/18

SUPERINTENDENT  
 ULUBERIA S.D. HOUST  
 ULUBERIA, HOWRAH

Medical Officer  
 Kamalpur B.P.H.C. Shy-I, How  
 Signature of M.O.

Follow Standard Treatment Guidelines and ensure Rational Use of Medicine