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

Uluberia S.D. Hospital Govt. of West Bengal

182

SK Gefasuddin

Name :
Sex : M Age : 32 Yrs. Months Days
Ref. From :

Day :
Reg. No. :
Reg. Date : 23/08/18
Card No. :

Visit No. : 1 Department :
Doctor / Unit Name (DOW) :
Room No. - Gen

Visit Date : Time :
Entry No. :

Visit No. :2 Tm.	Visit No. :3 Tm.	Visit No. :4 Tm.
Visit Date :	Visit Date :	Visit Date :
Department :	Department :	Department :
Doctor / Unit :	Doctor / Unit :	Doctor / Unit :
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
Ponak VIB : NAM	B - Bl + Crat - CECT of W/Pro - Tab Dolo DS Box 8 - Tab Neuffen (SM) B 24/8/18 SUPERINTENDENT ULUBERIA S.D. HOSPITAL ULUBERIA, HOWRAH Rmd 451311 (WBMC)