

22/08/18
 Crs en
 y Jesmin Khatun

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



Name :
 Sex : F Age : 12 Yrs. Months Days Day : 11/08/18
 Ref. From : Reg. No. :
 Reg. Date :
 Card No. :
 Visit No. : 1 Department :
 Doctor / Unit Name (DOW) : Visit Date : Time :
 Room No. : Entry No. :
 Child

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

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

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

Clinical Notes	ADVICE
<p>Handwritten notes in Clinical Notes column:</p> <p>Flow to ill EEG ECG CT Scan of Brain repeats 11/5/18</p>	<p>Handwritten notes in ADVICE column:</p> <p>one in for for 1 to on a</p>