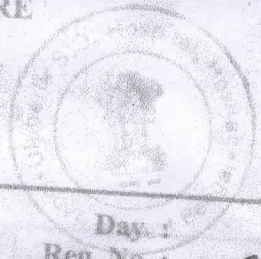


DEPARTMENT OF HEALTH & FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL
 OPD Patient Card



16/12/19
 12/12/19
 CT scan

Name : Dr. Selim 19
 Sex : _____
 Ref. From : M Age : 26 Yrs. Months _____ Days _____
 Visit No. : 1 Department : _____ Reg. No. : _____
 Doctor / Unit Name (DOW) : _____ Reg. Date : 6/12/19
 Room No. : _____ Visit Date : _____ Card No. : _____
 Entry No. : _____ Time : _____

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

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

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

Clinical Notes

cut

78
 optice within
 of our reach.
 Needs excision

ADVICE

Adv / Ref to SORD

CT scan of limb

Suburban estate
57944