

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




526

Name : Gita Naskar Day : \_\_\_\_\_  
 Sex : Female Age : 55 Yrs. Months Days Reg. No. : \_\_\_\_\_  
 Ref. From : \_\_\_\_\_ Reg. Date : 16/8/18  
 Card No. : \_\_\_\_\_  
 Visit No. : 1 Department : Gen Visit Date : \_\_\_\_\_ Time : \_\_\_\_\_  
 Doctor / Unit Name (DOW) : \_\_\_\_\_  
 Room No. : Dr. P.K. Das / S. Ghosh Entry No. : \_\_\_\_\_

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  |
|---|---|
| <p><u>No swelling</u><br/> <u>Salle &amp; Occipital</u><br/> <u>&amp; Frontal</u><br/> <u>resr</u><br/> <u>divibr</u></p> | <p>- CT Scan of Brain<br/>                     - tab <u>Dem-650</u> <u>bx BD x 5D</u><br/>                     - Tab <u>H682-2</u> (375) <u>bx 5D</u><br/>                     - to elve <u>SOPD</u> - <u>CT Scan</u><br/>                     &amp; <u>Ex OPD</u></p> <p style="text-align: right;"> <br/>                     2/No: 5426 / WBM /<br/>                     Emergency Medical Office,<br/>                     Uluberia S. D. Hospital,<br/>                     Uluberia, Howrah                 </p> |