

1682

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

Name : Shri B. B. B. B.
Sex : Male Age : 40 Yrs. Months Days Day :
Ref. From : Reg. No. :
Reg. Date : 30/3/12
Card No. :
Visit No. : 1 Department : Eye Visit Date : Time :
Doctor/Unit Name (DOW) : Room No. Entry No. :

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

(LUC) : Mild
Phositis
(Prophylaxis in
water)

ADVICE

CT Scan of Brain

I. But f refoc/ER/HER.
I " " FBS/LUC/IR ✓

Referral

✓ Cap TRICOBAL-OD ODPC with

T-BC ODPC x 3dr
at 10/10

Op LOC TEARS of of of

Op (4) Op x

12/10/12

Reg 4312 - 0.75 ref ↓ 90%

(D)