

of I

## DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

Deben ORD Retisation Cordiospital

User Name : Dipak Bansner Paul Rupees : 2

Po+Dist - Pumila (PH:03252-222474)

	L MAHATO	IPDMH	<u>/OR18002865</u> 0	R	Monday
Name : Male Sex : Ref. From :	Age:	Yrs. Months	The second secon	Day (*) Reg. No.:	MH731800300655 05-11-2018 MH73R1800286508
Visit No. : 1 Depa Doctor/Unit Nan Room No.	artment : Dr.A	URGICAL ASIS KAPAT	Visit Dat	05-1 <b>Card: No.:</b> e:	Time:
Visit Date : Department : Doctor/Unit:	- Visit No. : 2 Tm.	Visit Date : Department : Doctor/Unit:	- Visit No. : 3 Tm.	Visit Date : Department : Doctor/Unit:	Visit No. : 4 Tm.
Entry No. :		Entry No	Professional Profession (Const.)	Entry No. :	

Entry No. :	Entry No	Entry No. :		
Clinical Notes	ADVICE			
	My my	C Tha		
To a second seco	MILI			