

25/18

M/NO — 8967300996

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

Babon Mahato (Sadar) Hospital

Po+Dist - Purulia

(PH:03252-222474)

User Name: Dipak Chandra
Max. Length: 2

| | | |
|-------------------------------|--|-------------------------------|
| Name : <i>ST. WA. K. MAHA</i> | [PDM: 7013012003] | Day : <i>Tuesday</i> |
| Sex : <i>Male</i> | Age : <i>30</i> Yrs. <input type="radio"/> Months <input type="radio"/> Days | Reg. No. : <i>11/11/18</i> |
| Ref. From : | | Reg. Date : <i>06-11-2018</i> |
| Visit No. : <i>1</i> | Department : <i>SURGICAL</i> | Card No. : <i>11/11/18</i> |
| Doctor/Unit Name (DOW) : | Visit Date : <i>06-11-2018</i> | Time : <i>11:00 AM</i> |
| Room No. : | Entry No. : | |

| | |
|--------------------|----------------------|
| Visit Date : _____ | Visit No. : <i>2</i> |
| Department : | Tm. _____ |
| Doctor/Unit : | |
| Entry No. : | |

| | |
|---------------------------|----------------------|
| Visit Date : _____ | Visit No. : <i>3</i> |
| Department : | Tm. _____ |
| Doctor/Unit : <i>ET/1</i> | |
| Entry No. : | |

| | |
|--------------------|----------------------|
| Visit Date : _____ | Visit No. : <i>4</i> |
| Department : | Tm. _____ |
| Doctor/Unit : | |
| Entry No. : | |

ADMISSION DONE

Clinical Notes

ADVICE

AD
Tran
4.10.2018

CT Scan Brain
T. PCM - 1 tab. TDS
x 5 ds.

06/11/18