

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

Purulia Govt. Medical College & Hospital, Deben Mahata (Sadar) Dist. Purulia
Post-Dist - Purulia
(PH:03252 22171)

3799

Name : _____ Day : _____
 Sex : _____ Reg. No. : _____
 Ref. From : _____ Reg. Date : _____
 Card No. : _____
 Age : Yrs. Months Days
 Visit No. : 1 Department : _____
 Doctor/Unit Name (DOW) : _____
 Room No. : _____
 PEDIATRIC DEPARTMENT
 Visit Date : _____ Time : _____
 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. : _____

ADVICE

Clinical Notes

~~Spinal (contd)~~
 Full report to coming

① C.T. scan of brain no further

② advised LPT

③ After office on Monday

[Signature]
 08/2018 11:55 AM