

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

50153

Name :	<i>Burgha Das</i>			Day :	
Sex :	<i>M</i>	Age :	<i>48</i> Yrs.	Reg. No.:	
Ref. From :		Months	Days	Reg. Date :	<i>15/12/18</i>
				Card No.:	
Visit No. : 1	Department :	Visit Date :		Time :	
Doctor/Unit Name (DOW) :		Entry No. :			
Room No. :					

Visit No. : 2 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Visit Date : _____ Department : _____ Doctor/Unit : _____ Entry No. : _____
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**ADVICE**

**Clinical Notes**

*Das - ~~\_\_\_\_\_~~*

*E.T. - seam of brain*

*h.*  
15.12.18