

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

Name :	Po+Dist Purulia	
Sex : Age : Ref.From: ARUP BAURI Male 22	Yrs. (PH:03252-222474) Months Days [PDMH/OR180032278	Day: Reg. No.: Reg. Date: Wednesday Card Nommh/RG1800339187
Visit No.: 1 Department: Doctor/Unit Name (DOW): Room No.: M	Visit Da	ate: 719-12-2018 PDMH/DR1900322785
112	PK. MUKHERIEE	Jo. ‡9-12-2018 09:32AM
Visit Date: Tm.  Department:	Visit No.: 3 Visit No.: 3 Department:	Visit Date : Visit No. : 4 Department :
Doctor/Unit:	Doctor/Unit:	Doctor/Unit:
Entry No. :	Entry No	Entry No.
Clinical Notes	ADV	VICE
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