

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL


OPD Patient Card  
Purulia Govt. Medical College & Hospital/ Deben Mahato (Sadar) Hospital  
Po+Dist - Purulia  
(PH:03252-222474)

Name: BULU MAHATO [PDMH/OR1800311869]  
Sex: Female Age: 50 Yrs 0 Months 0 Days  
Ref. From: \_\_\_\_\_  
Day: Wednesday  
Reg. No.: PDMH/RG1800327410  
Reg. Date: 05-12-2018  
Card No.: PDMH/OR1800311869  
Visit No.: 1 Department: MEDICINE  
Doctor/Unit Name (DOW): Dr.P.K. MUKHERJEE  
Room No.: 20  
Visit Date: 05-12-2018 Time: 1014AM  
Entry 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.: \_\_\_\_\_

Clinical Notes  
C/3633/18  
5.12.18  
GOVT. OF WEST BENGAL  
DISTRICT TUBERCULOSIS CENTRE  
PURULIA  
  
Part H/O 5/12/18  
P+TB Post TB fibrosis  
Sputum result  
5/12/18 (A) NEG  
6/12/18 (B) NEG  
Jan 10.12.18

ADVICE  
DATE..... 5/12/18  
SPUTUM FOR APB  
SPUTUM FOR CBNAAT  
REFERRED TO ICTC  
2548  
7/12/18  
M+R. not detected  
2548  
7/12/18  
Adv  
- CXR - PA view digital  
- e. Amoxicillin (500) - 1 cap Q  
10/12/18  
TDS x 5 days.  
- (H) Ref. to nearad  
R

REQUISITION  
05/12/18  
19/12

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GOVERNMENT OF WEST BENGAL  
OPD Patient Card

Clinical Notes

ADVICE

19/11/68

*[Handwritten signature]*

*[Handwritten box containing:]*  
C. S. Khan Ph.D.  
Cancer Institute

*[Handwritten mark]*

*[Handwritten mark]*

Ambrodil <sup>100</sup>  
mg

Levoty <sup>100</sup>  
mg

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*