

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

*A139*

Po+Dist - Purulia  
(PH-03252-222474)

Name : *SAMANTA GOMILA* Yrs. *35* Months *0* Days *0* Days  
Sex : Male  
Ref. From :  
Day : Tuesday  
Reg. No. : [PDMH/OR1800299087]  
Reg. Date :  
Card No. : [PDMH/OR1800299087]

Visit No. : 1 Department : ORTHOPAEDIC  
Doctor/Unit Name (DOW) : DR. ALOK SAMANTA  
Room No. : 10  
Visit Date : 20-11-2018 Time : 09:16AM  
Entry No. :

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

Clinical Notes	ADVICE
<p><i>in ...</i></p> <p><i>Hand</i></p> <p><i>X-ray</i></p> <p><i>1 hammer</i></p> <p><i>9 steroid</i></p>	<p><i>Adv</i></p> <p><i>1 X-ray (L) knee &amp; prox HLA</i></p> <p><i>1 hammer in ...</i></p> <p><i>Adv</i></p> <p><i>1 CT scan</i></p> <p><i>1 Adv</i></p>