

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

State Medical College & Hospital

1, Kimbark Bose Sarani, Kolkata-700004

(P: 2033-25557670)

User Name :

Paid Rupees :

UNIT - I
S. S. S. S. S.
S. S. S. S. S.
S. S. S. S. S.

Name :
Sex :
Ref. From :
Age : Yrs. Months Days
Day :
Reg. No. :
Reg. Date :
Card No. :
Visit No. : 1 Department :
Doctor/Unit Name (DOW) :
Room No. :
Visit Date :
Time :
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. : 5091/4

Clinical Notes	ADVICE
<p>CBP for 1 month 31/9/18</p> <p>DBP.</p>	<p><u>Adv</u></p> <p>- Left hand of OPD</p> <p><u>D</u></p> <p>T. Rejunex CD_3 - $CD \times 10$</p> <p>- Peg NT - $HS \times 10$</p> <p>- Calcitriol $CD \times 10$</p> <p>- Gemidro (150) 1 tab mthly $\times 10$</p> <p>- Alpraday $CD \times 10$</p>

31/10/18 MRI of L-S Spine

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