## DEPARTMENT OF HEALTH & FAMILY WELFARE

NEURO SURGERY I

GOVERNMENT OF WEST BENGAL

OPD Patient Card R.G. Kar Medical College & Hospital User Name : sanghamitra

1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees: 2

(PH:033-25557676)

Day: RGKM/RG18007 Name Male 52Yrs. Months Days Sex Age: Reg. Date: RGKM/OR1800717313 Ref. From: Card No.: Dr. Amer Dhal/Dr. Tapen Fatra/Vr. sit Date : Archariya Time : Visit No.: 1 Department: Doctor/Unit Name (DOW): Room No. Entry No. Visit No.: 2 Visit No.: 3 Visit No.: 4 Visit Date Visit Date : Visit Date

Visit Date : Tm.
Department :

Doetor/Unit:

Entry No. :

Department:

Doctor/Unit: V3-512

Entry No. :

Visit Date: Tm.

Department:

Doctor/Unit:

Entry No.

ADVICE Clinical Notes 0 7 NOV 2018 NEURO SURGERY UNIT-I WEDNESDAY paralip XV. 11/07/2018 09:12 AM 1 of 1