

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

MEDICINE 414

User Name : megharshi
Pwd Issues : 2

R.G. Kar Medical College & Hospital

1, Khudiram Bose Street, Kolkata-700004

Name : _____ **Age :** _____ **Yrs. Months Days**

Sex : SALIMA **Ref. From :** Female

Reg. No. : _____ **Day :** Friday

Reg. Date : 22-06-2018 **Card No. :** RGKM/RG1800418996

Visit No. : 1 **Department :** MEDICINE

Doctor/Unit Name (DOW) : Prof. U S Ghosh/Dr. N Karvi

Room No. : _____

Visit Date : 22-06-2018 **Entry No. :** _____

Reg. No. : RGKM/RG1800385228 **Card No. :** RGKM/RG1800385228

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

Clinical Notes	ADVICE
22/06	Refer to DMOPD (26)
	Refer to FMEPD (9)
Diagnose	Refer to DMOPD (25)
	Refer to DMOPD (25)
	Refer to DMOPD (25)
	Refer to DMOPD (25)
	Refer to DMOPD (25)
	Refer to DMOPD (25)

Refer to DMOPD (25)

(PTD)