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

ORTHOPAEDIC-UNIT-II 51

R.G. Kar Medical College & Hospital

User Name: shadab

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

Entry No.

(PH:033-25557676) Name Day: HALIMA EHATOOIYrs. Sex Months GKM Days 800723695] Saturday Reg. No.: Female Ref. From: Reg. Date: RGKM/RG1800784659 10-11-2018 Card No.: RGKM/OR1800723695 Visit No.: 1 Department: Visit Date: Time: ORTHOPAEDIC-UNIT-II Doctor/Unit Name (DOW): 10-11-2018 Prof. D K Pal/Dr. S Dutta/Dr.Dr D Mukherjee Entry No. : Room No. Visit No.: 2 Visit No.: 3 Visit No.: 4 Visit Date : Visit Date : Visit Date Tm. Tm. Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No.

Entry No.

Clinical Notes **ADVICE** gradot Fcc