

245

08/10/18  
5:10 PM

PS - Bhatnagar 9143185372

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

C.T.V.S. O.P.D.  
MONDAY TO SATURDAY

MO SUHVD ISLAM

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

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

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

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

Clinical Notes

ADVICE

16

06 AUG 2018  
No. breathlessness in  
afternoon daily

CAD. e IWM1 + EF-50%.

Cont. all medication as  
before

\* o J. Lasix (20) - TDPC  
Review after 6 week (ER SOS)

8 AM  
2 PM  
8 PM  
6.8.18



23

14 SEP 2018

CAD + renal

Review case of Hant/Ten/Sat OPD  
Review of above days  
cont all days