

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

MEDICINE 404

OPD Patient Card

R.G. Kar Medical College & Hospital User Name : shahab
1, Maidan D oc Sarani, Kolkata-700001 Ph: 10000000000
(PH: 11-25557676)

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

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

Clinical Notes	ADVICE
<p>40 head aches 14 neck pain H/O drawn 24/3 back.</p>	<p>Ref to R.N (9) MDM Adv MRI Brain Tab PCM 600 1Cb BD x 5dly. Tab Rintac 1Cb ODACA 18dly. to attend Neuro medicine OPD</p>