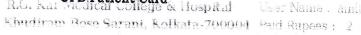
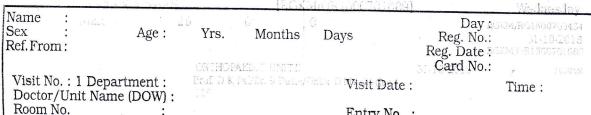
DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

OPD Patient Card







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

Clinical Notes ADVICE Les Dord Review & MKIplute