

Voucher 00114

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

R.G. Kar Medical College & Hospital User Name : amit
Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2
(PH:333-25357676)



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

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

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

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

Clinical Notes	ADVICE
<p>90% disability of knee joint. Bot: 3/8/18 Mon: Vain force Sat: (M) knee Ok - fully @ - under @ - cloud - No DOW NB A: 4 part 7-7?</p>	<p>my knee joint Adv - Ref to 1063 Adv → MKI (R) knee ↓ Review to MKI, date</p>