

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

ENT G.D.
UNIT-1
P. O. K. M. C. H.

ENT G.D. Unit-1, College & Hospital
Kudrem Bazar, Kolkata-700001
Tel: 733-2357070

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

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

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

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

Clinical Notes

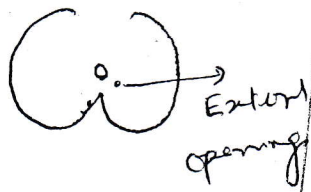
ADVICE

clo perianal
fistula.

Ad
Ref to SOPD

Perianal Fistula

Ad
MR fibrologram



PIR -> Internal opening at 9 o'clock.

Blood for TC, DC, Hb% ESR
FBS, PPBS, Urea, Creatinine
L.F.T. HV, HBSAG, HCV
CXR-PA, View
ECG

Review Sept 1st

[Signature]