

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

PAEDIATRIC 52

OPD Patient Card

R.G. Kar Medical College & Hospital User Name : nilanjan
1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2
(PH:033-25557676)

Name : N AYUSH RAO	[RGKM/OR1800605180]	Day : Wednesday
Sex : Male	Age : 1 Yrs. 5 Months 0 Days	Reg. No. : RGKM/RG1800654410
Ref. From :		Reg. Date : 19-09-2018
		Card No. : RGKM/OR1800605180
Visit No. : 1	Department : PAEDIATRIC	Visit Date : 19-09-2018
Doctor/Unit Name (DOW) :	Dr. Sabyasachi Som (Assoc. Prof.)	Time : 1045AM
Room No. :	306	Entry No. :

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

Clinical Notes	ADVICE
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0 SEP 2018

306-C
Cf 9/18
H/W Blind vision
to new. 3d been
Repeated curvature
since 1yr
D term in 2d
Baby & heavy
low since 1yr

Adv
Ref to Sora

Unit III
S.O.P.D
R.G. KAR M.C.H.
Kolkata-700 004

19 SEP 2018

Ref. to Neurology OPD

PLEASE BRING ALL PREVIOUS REPORT
পূর্বের সকল রিপোর্ট আনবেন

PLEASE COME BEFORE 1 HOUR OF YOUR BOOKING TIME
১ ঘণ্টা আগে আসবেন।

৯৪০৪২৬ ১৩১৩

4/10/18
at 12-15 PM

৮৫১
Soren

স্বাস্থ্য ৩-৪ ঘণ্টা সময়
নিয়ে আসবেন