

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

OPD Patient Card

Khadiram Das Sarani, Kolkata-700001  
(Ph. 33-25557676)

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

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

ADVICE

NEURO SURGEON  
UNIT-II  
FRIDAY  
5 OCT 2018

R - MRI of L5/S1 spine  
 - cb. Reg no (75) sub ODMS to card  
 - cb. Nerven faser sub ODMS to card  
 - cb P (680) sub ODMS  
 - cb Pan (65) sub ODMS  
 - cb amnesia  
 } to card care

21570 - 91701820 1340  
 Ph. - 9933772461