## DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

ORTHOPAEDIC UNIT-II 16

**OPD Patient Card** 

R.G. Kar Medical College & Hospital

User Name: nilan

1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees: (PH:033-25557676)

[RGKM/OR1600049245] Name Day: Saturday
Reg. No.: Saturday Male Sex Yrs. Months Days Age: 24 Ref. From: Reg. Date SKM/OR1800649243 Card No .: ORTHOGREDIC UNITH Visit No.: 1 Department: Doctor/Unit Name (DOW): Orof D & Pol/Dr S Dutta/Dr.Dr D Mulsit Date : Time: Room No. Entry No. Visit No. : 2 Tm. Visit No.: 3 Visit Date : Visit No.: 4 Visit Date Visit Date Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Entry No. Entry No.

Clinical Notes ADVICE do: Pain in Knie 18 Bull of Survey of Surve