DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL **OPD Patient Card** R.G. Kar Medical College & Hospital 1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2 (PH:033-25557676) Name Male Sex Age: 19 Day: Yrs. ⁰ Months ⁰ Days Ref. From: Reg. No.: Reg. Date : Visit No.: 1 Department: Card No .: MEDICINE Doctor/Unit Name (DOW): Prof. C Klans/Prof. D P Douts/Dr. aVisit Date : Time: Room No. Entry No. : Visit No. : 2 Tm. Visit Date Visit No. : 3 Tm. Visit Date Visit No. : 4 Tm. Department: Visit Date : Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Entry No. Entry No. Clinical Notes ADVICE MOPD Refer (Tresder/Three day Newson 2A)5728718 (c) -0