ORTHOPAEDIC-UNIT-II 44

DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

R.G. Kar McCRD/Patient-Card ospital

User Name: sanyhamitra

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

Name DayN/RG1800722121 Sex Age: Yrs. Months Days Reg. No.: 13-10-2018 Reg. Date://OR1800667348 Ref. From: Visit No.: 1 Department: From D.R. Palvon S. Dutterforder D. Muki Visit Date: Doctor/Unit Name (DOW): 108

Room No. Card No.: 09-43614 Time: Room No. Entry No. Visit No.: 2 Visit No.: 3 Visit No. : 4 Visit Date Visit Date Visit Date Tm. Tm. Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Entry No. Entry No.

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