IDDICINE 68

DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

R.G. Kar Melle Patient Card Hospital User Name: sanghamitra

1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees: 2

(PH:033-25557676)

Name : SELIMALI		M/OR16006799753	- HOWA	Tue sday
Sex Male Age Ref. From:	Yrs. 0 Months	Days	Reg. No.:	RG1800736861 23-10-2018 OR1809570075
Visit No. : 1 Department Doctor/Unit Name (DOW Room No.	MEDICINE Prof A.K. Mukherjse/Prof ∴ 201	A ROYDE Visit Date Entry Nd.	23-10-2018 s s t.Prof.)	Time: (19-24A1/
Visit No Tm. Department: Doctor/Unit:	Visit Date: Department: Doctor/Unit:	Visit No. : 3	Visit Date : Department: Doctor/Unit:	Visit No. : 4 · Tm.
Entry No. :	Entry No. :		Entry No. :	

Clinical Notes	ADVICE		
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