DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL OPD Patient Card

NEURO SURGERY 27

R.G. Kar Medical College & Hospital User Name: ujjawal Name Day: (PH:033-25557676) Months Days [RGKM/OR1800588563] Sex Reg. No.: Ref. From: RAMCHA B Wednesday Reg. Date: Female 50 0 Card NoRSKM/RG1800636264 12-09-2018 RGKM**JINIE**00588563 Visit No.: 1 Department: Visit Date: Doctor/Unit Name (DOW): Room No. Entry No. :12-09-2018 Visit No.: 2 Visit No.: 3 Visit No.: 4 Visit Date Tm. Visit Date : Visit Date Tm. Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. : Entry No. Entry No. **ADVICE**

