

CARDIOLOGY 42

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

*Handwritten signature and scribbles*

*Sahib Alam* R.G. Kar Medical College & Hospital  
1, Khudiram Bose Sarani, Kolkata-700004

User Name : TAPAN DEY

Paid Rupees : 2

(PH:033-25557676)

Name : S A MALLICK  
 Sex : Male  
 Ref. From : Male  
 Age : *20*  
 Yrs. : 1  
 Months : 0  
 Days : 0  
 [RGKM/OR1800684116]  
 Day : Wednesday  
 Reg. No. : RGKM/RG1800741267  
 Reg. Date : 24-10-2018  
 Card No. : RGKM/OR1800684116  
 Visit No. : 1 Department : CARDIOLOGY  
 Doctor/Unit Name (DOW) : Dr. Biswajit Majumder  
 Room No. : 1  
 Visit Date : 24-10-2018  
 Time : 11:19AM  
 Entry No. :

Visit Date :  
 Department :  
 Doctor/Unit :  
 Entry No. :

Visit No. : 2  
 Tm.

Visit Date :  
 Department :  
 Doctor/Unit :  
 Entry No. :

Visit No. : 3  
 Tm.

Visit Date :  
 Department :  
 Doctor/Unit :  
 Entry No. :

Visit No. : 4  
 Tm.

Clinical Notes	ADVICE
	<p><i>C/o 2nd floor.</i>  <i>19/10/18</i></p> <p><i>N/V/M.</i></p> <p><i>M. MRI of 25 spine</i></p> <p><i>TCT EN</i></p> <p><i>[Signature]</i>  <i>24/10/18</i></p>