

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

R.G. Kar Medical College & Hospital

User Name :  
sanghamitra

1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees : 2  
(PH:033-25557676)

OPD Patient Card

Name : NISAR AHMED	[RGKM/OR1800686604]	Day : Thursday
Sex : Male	Age : 48 Yrs. 0 Months 0 Days	Reg. No.: RGKM/RG1800743984
Ref. From :		Reg. Date: 25-10-2018
Visit No. : 1	Department : SURGERY	Card No.: RGKM/OR1800686604
Doctor/Unit Name (DOW) :	Dr. Ramanuj Mukherjee/Dr. Nilanjan Mitra/Dr. Mahua Roy Mondal	Time : 11:21AM
Room No. :	301	Visit Date: 25-10-2018
	Entry No. :	

Visit Date : _____	Visit No. : 2
Department :	Tm. _____
Doctor/Unit :	
Entry No. :	

Visit Date : _____	Visit No. : 3
Department :	Tm. _____
Doctor/Unit :	
Entry No. :	

Visit Date : _____	Visit No. : 4
Department :	Tm. _____
Doctor/Unit :	
Entry No. :	

Clinical Notes	ADVICE
<p>do Carcinoma of tongue</p>	<p>MR i tongue Blood for Fe S.P.T</p> <p><i>[Signature]</i></p>