DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

NEURO SURGERY 3

OPD Patient Card

R.G. Kar Médical College & Hospital User Name : buddhu 1, Khudiram Bese Sarani, Kolkata-700004 Paid Rupees : 2

(PII:033-25557676) Name Day: Wednesday Sex Age: Yrs. Months Days Reg. No.: Ref. From: Reg. Date: Card No.: GKM/ORL MOOSE Visit No.: 1 Department: NEURO SURGERY Visit Date: 10-10-2018 Time: Doctor/Unit Name (DOW): Dr. Amar Dhal/Dr. Tapan Paura/Dr. Dinesh Jaluka/Dr. A. K. Achariya Room No. Entry No.: Visit No.: 2 Visit No.: 3 Visit No.: 4 Visit Date Visit Date Tm. Tm. Visit Date : Tm. Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Entry No. Entry No.

Clinical Notes	- ADVICE
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