PHYSICAL MEDICINE DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

R.G. Ka**OPD Patient Clayd** & Hospital

User Name: sanghamitra

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

(PH:033-25557676) IRGKM/OR18005905741 Day: RGKM/RG1800638496 Months Days Reg. No.: 13-09-2018 Reg. Date: RGKM/OR1800590574 *Card No.: 13-09-2018

Visit No.: 1 Department: Doctor/Unit Name (DOW): Room No.

Female

PHYSICAL MEDICINE & REHABILITATION Dr.Prof. P.K.Mendel

Yrs.

Visit Date: Entry No.

Visit No.: 3

Time:

Visit Date Department: Visit No.: 2

Age:

Visit Date Department:

Visit Date Department: Visit No. : 4 Tm.

Doctor/Unit:

Name

Ref. From:

Sex

Doctor/Unit:

Doctor/Unit:

