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

PSYCHIATRY 155 User Name: shadab R.G. Kar Medical College & Hospital 1, Khudham Bos. Carani, Kalkata-700004 Peld Rapass: 2 (PH:014-25657676) Day: ne Reg. No.: Months Days Both 2047 H SKIAKAge: BSAUYrs. Reg. Date: RGKM/RG1800681286 From: Card No .: Time: Visit Date: sit No.: 1 Department: octor/Unit Name (DOW): Entry No. : om No. Visit No.: 4 Visit No.: 3 Visit No. : 2 Visit Date : Tm. Visit Date sit Date : Department: Department: :partment: Doctor/Unit: Doctor/Unit: octor/Unit: Entry No. : Entry No. itry No. ADVICE Clinical Notes 2 8 SEP 2018 PUL T. Discontillaso) HJOCUA (x - x - 1) to witi. Deveniges (50) (x -x-1) to cont 3) To Methylubalanin (500) (1 - x - 1) to conf Reniew SOS WA:
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