DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

R.G. Kar Medical College & Hospital

User Name:

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sanghamitra

Name Day : Reg. No.: Reg. Date : Age : 60 Yrs. 0 Ref. From: Months⁽⁾ Days Visit No.: 1 Department: MEDICINE Card No.: Doctor/Unit Name (DOW): Prof. & K. blukherjee/Prof. & Hoy/Dr. Visit Date: Time: Room No. Entry No. Visit No. : 2 Tm. Visit Date

Visit No. : 3 Tm. Visit Date Visit No. : 4 Tm. Department: Visit Date Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit: Entry No. Muntry No. Nº 16246

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