DEPARTMENT OF HEALTH & FAMILY WELFARE GRYFRIMENTION WEST-BENGALPITAL User Name : bablu 1, Khudirah Bestigat Gar Kolkata-700004 Paid Rupees: 2 (PH:033-25557676) [RGKM/OR1800788542] SUMANA CHAKRABORTY Friday RGKM/RG1800855445 07-12-2018 RGKM/OR1800788542 Day : Reg. No.: Name Age: Yrs. Months Days Sex Ref.From: MEDICINE Regardate: Prof. U.S. Ghosh/Dr. N. Karjyi Card No.: 206 Visit No. : 1 Department : Doctor/Unit Name (DOW) : Time: Visit Date: Entry No.: Room No. Visit No. : 3 Tm. Visit No. : 4 Tm. Visit No. : 2 Tm. Visit Date : Visit Date : Visit Date : Department: Department: Department: Doctor/Unit: Doctor/Unit: Doctor/Unit:

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