DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

OPD Patient Card R.G. Kar Medical College & Hospital

User Name: sanghamitra

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

(PH:033-25557676)

Name	:NURUL	. AMIN MONI	JAL	[KGKM/C)K18QG/25456]	Day: Monday		
Sex	Male	Age:	Yrs.	Months	Days	Reg. No. M/RG1800786842		
Ref. From	m:					Reg. Date · 12-11-2018		
			1			Card No Card No		
Visit N	Visit No.: 1 Department: PAEDIATRIC SURGERY Visit Date: -11-2018 Doctor/Unit Name (DOW): Dr. Pankaj kr. Halder (Asso. Prof.)/Dr. Partha Chakraborty (Asst. Prof.) Time: *** Time**							
Doctor	Doctor/Unit Name (DOW): LinPankaj kr. Halder (Asso. Prof.)/Dr.Partha Chakraborty (Asst. Prof.)							
Room	No.			1	Entry No	D. :		
Visit Da		- Visit No.: 2			- Visit No.: 3	Visit No. : 4		
Departr		Tm.	Visit I		Tm.	Visit Date: Tm.		
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Doctor/	'Unit:	aite.	Docto	r/Unit:	y **	Doctor/Unit:		
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Clinical Notes	ুরার)	
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