DEPARTMENT OF HEALTH & FAMILY WELFARE GOVERNMENT OF WEST BENGAL

MEDICINE 585

OPD Patient Card

R.G. Kar Medical College & Hospital User Name: bablu 1, Khudiram Bose Sarani, Kolkata-700004 Paid Rupees: 2 (PH:033-25557676)

Name :	SABITI	RIBALN	IIKI.	[RG	KM/OR180076	4128] Day:	Dow . Tuesday	
Sex : Ref. From :	Female	Age:	34 Yrs.	Months	o_{Days}	Day : Reg. No.: R	GKM/RG1800828922	
Rei.Fioiii:						Reg. Date : Card No.: R	27-11-2018 GKM/OR1800764128	
Visit No. : Doctor/U	1 Departi	ment :		INE K Mukherjee/Pr	of a Roy Disit D	27 11 2010	Time:	
Room No.		<u>:</u>	200		Entry I	No. :		
Visit Date Departmen	:	isit No. : Tm.	Visit	Date :	Visit No. : 3	Visit Date : Department :	Visit No. : 4 - Tm.	
Doctor/Un	it:		Doct	or/Unit:		Doctor/Unit:		
Entry No.	:	416	Entr	y No. :		Entry No. :		

