

165 388

West Bengal Form No. 769

TICKET FOR OUT-DOOR PATIENTS

R. G. KAR MEDICAL COLLEGE & HOSPITAL, KOLKATA-700 004

Date of first visit No. in O. P. Register.....

Name..... *Ms. Nanda Pakrey*

Age..... *58 yrs* Caste..... Sex..... *M*

Disease.....

Date	Treatment
<i>03/11/18</i>	<i>chr c/o Headache X 1m Nausea +</i>
	<i>chr MRI of Brain (P), chr</i>

Dr 03/11/18
Emergency Medical Officer
R. G. Kar M.C.H.
Kol-4