

V-1592

167205

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..... Asit Sinha.....

Age..... 76..... Caste..... Sex..... (M)

Disease.....

Date	Treatment
<del>31/11/18</del>	4u CVA Paracetamol
	MRI of LS Spine

✓  
31/11/18  
Emergency Medical Officer  
R. G. Kar M.E.H.  
KOL-4

*Rudra Kumar*