

MR/3772

183605

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..... Shilpa Rani Ghosh.....

Age..... 27y..... Caste..... Sex..... F.....

Disease.....

Date

Treatment

go. proptosis for last 1 year  
(at eye).  
Hemiparesis

MRI - Brain and orbit

with Neurosurgery/  
Eye doc

9/2/18

*[Signature]*  
R. G. KAR MEDICAL COLLEGE & HOSPITAL  
KOLKATA