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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 Tandra Sarkar .....

Age 46 ..... Caste ..... Sex F .....

Disease LB Pain .....

Date	Treatment
20/12/18 6:10 PM	<p>LB Pain Rt radiation femur 6mth. H/o heaviness of both lower limb Refer to PCU (O)</p>
	<p>MRI L-S spine &amp; SJS X-ray L-S spine &amp; SJS</p>
	<p>Tab. Pcm-650ix 10dy. Tab. Hifenex 200mg 1x 10dy.</p>

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 EMERGENCY MEDICAL  
 R. G. KAR M.C. H. H.  
 KOLKATA