

West Bengal Form No. 769

15068

### TICKET FOR OUT-DOOR PATIENTS

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

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

Name..... Saurav Ghosh .....

Age..... 42 ..... Caste..... Sex..... m .....

Disease.....

Date	Treatment
6/10/13	
Absent out side	
↓ discharge opening	MRI of Perineum

*[Signature]*  
 Medical Officer  
 R. G. Kar M.C.H.  
 KOL-4