

West Bengal Form No. 769

TICKET FOR OUT-DOOR PATIENTS

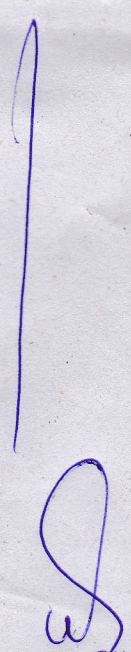
R. G. KAR MEDICAL COLLEGE & HOSPITAL, KOLKATA-700 004

Date of first visit No. in O. P. Register..... **15085**

Name..... **Jubennesha Bibi**

Age..... **45** Caste..... Sex..... **F**

Disease.....

Date	Treatment
<u>8/10/18</u>	LBP Back Pain MRE of L/S Spine
	

Emergency Medical Officer
R. G. Kar M.C.H.
Kol-4