

### TICKET FOR OUT-DOOR PATIENTS


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

Date of first visit ..... No. in O. P. Register..... 152 352

Name..... Inantra Majhi .....

Age..... 37y ..... Caste..... .. Sex..... M .....

Disease..... ..

Date	Treatment
<u>4/10/8</u>	Clo - LBP
<u>AD</u>	MRI L spine
	

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