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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..... *Sha Keeb Shahid*.....

Age..... *20*..... Caste..... *M*..... Sex..... *M*.....

Disease..... *Cholera to Lt. Shudh*.....

Date

Treatment

17/10/15

1
MI Lt. Shudh

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