

155639

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..... *Monowara Bibi* .....

Age..... *37* ..... Caste..... *M* ..... Sex..... *F* .....

Disease.....

Date	Treatment
	<i>Lumber Spondylosis</i>
	<i>MRI of L5 Spine</i>
	<i>Cap. Par-D</i>
	<i>1 Cap once daily before Breakfast</i>
	<i>Inj Dolonex 2mg</i>

Medical Officer  
General Practitioner  
R. G. Kar MCH  
Kolkata