

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..... 158307

Name..... Arija Mallick .....

Age..... 33y ..... Caste..... ..... Sex..... F .....

Disease.....

Date	Treatment
22/10/19	L10 Back ache 1 month Ad - MRI LS spine

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