

West Bengal Form No. 769

158 533

TICKET FOR OUT-DOOR PATIENTS

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


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

Name..... Madhuri Maity

Age..... 21 Caste..... Sex..... F

Disease.....

Date	Treatment
	<p>No neck pain & headache & tingling sensation.</p> <p><u>Adv</u></p> <p>MCI Cervical spine</p>


Emergency Medical Officer
R. G. Kar M.C.H.
KOLKATA