

159-075

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..... S. S. Shaw

Age..... 48 Caste..... H Sex..... M

Disease..... leg

Date	Treatment
<u>23/10/18</u>	<u>NS Neck pain 7 dog</u>
<u>26</u>	<u>Digital - x ray Neck</u>
<u>(W)</u>	<u>Wsi B. Spina</u>
	<u>K</u>

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