

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. 150785

Name..... Lebn. Mailij.

Age..... 65yr. Caste..... Sex. F.

Disease.....

Date

Treatment

f/up Con of EVA.

rxn 40. At fixed hemu

Δ MRI of Brain

^ Trs Neurokin OD x 1000
x 308

^ Par 40 - 1000 x 300

[Signature]
9/10/11

Medical Office
General Entrance
R. G. Kar MCH
Kolkata