

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.. 162 472 .

Name..... Male Puta tanda .....

Age..... 60yr .. Caste..... Sex..... F. .....

Disease.....

Date	Treatment
<u>29/10/18</u>	C/O Gross weakness & B/L leg rigidity
	<u>Adv</u>
	MRI C-spine with screening of LS spine



Emergency Medical Office  
R. G. Kar M. C. H.  
Kol-1