

ER-149976

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..... Ridaul Islam Khan.....

Age..... 45..... Caste..... Sex..... M.....

Disease.....

Date	Treatment
<u>07/10/18</u> <u>09-10 AM</u>	<u>Adv</u> <u>MRI of Ls Spine</u>

*[Signature]*  
Emergency Medical Officer  
R. G. Kar M.C.H.  
KOL-4