

173095

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..... *Asadous* .....

Age..... *26 yr* ..... Caste..... Sex..... *M*.....

Disease.....

Date	Treatment
<i>20/11/18</i> <i>11:00 am</i>	<i>- LBP &amp; radiological - MRI of LS - system</i>

*Dr. Anjan Ghose*  
Emergency Medical Officer  
R. G. Kar M.C.H.  
KOL-4

Note