

West Bengal Form No. 769

V-002784

176118

### TICKET FOR OUT-DOOR PATIENTS

R. G. KAR MEDICAL COLLEGE & HOSPITAL, KOLKATA-700 004

Date of first visit ..... No. in O. P. Register.....

Name Munna Basu

Age 26y Caste H Sex M

Disease .....


Date

Treatment

Follow up case of seizure disorder

Adr.

MRI of Brain & epilepsy protocol

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