

176962

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..... Naureen Sultana.....

Age..... 16..... Sex..... F.....  
Caste..... M.....

Disease..... combination disease.....

Date	Treatment
<u>27/11/88</u>	<u>MRI of brain (P+E)</u>
<u>12-10-88</u>	
<u>PNB</u>	

(Dr. N.K. Guha)