

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..... *785*

Name *Soikanta Khay*

Age *32 yrs* Caste Sex *M*

Disease

Date	Treatment
<p><i>24/11/18</i></p> <p><i>cto</i></p> <p><i>Sever pain</i></p> <p><i>in rt knee for</i></p> <p><i>last month</i></p> <p><i>& restricted</i></p> <p><i>movement</i></p> <p><i>for few days.</i></p>	<p><i>Done</i></p> <p><i>- T. Aceclofenac (100) 1 bd</i></p> <p><i>120</i></p> <p><i>- Cap. Omeprazole (1 cap</i></p> <p><i>once daily</i></p> <p><i>- MRI (RT) knee joint</i></p> <p><i>- To attend ortho. OPD &</i></p> <p><i>MRI report</i></p>
	<p style="text-align: center;"></p> <p><i>Dr. Partha Sarathi Nay</i></p>

Medical Officer
General Emergency
R. G. Kar MCH
Kolkata