

West Bengal Form No. 769

162291

# TICKET FOR OUT-DOOR PATIENTS

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

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

Name..... SWARA BALA DAS .....

Age..... 68 ..... Caste..... Sex..... F .....

Disease.....

Date	Treatment
9/15/90 14/9/90	De. MRI of L. Spine Screening of whole spine
LBP Ⓟ	- Etova ER 600 - odc -
Neck Pain Ⓟ	- Nexpor 400 10 days - odc -
Bo/c Leg	- Corcium K2 - odc -
	- Bleg - 30 pc -
	P- 500 - 10 days

*(Signature)*  
 Medical Officer  
 General Hospital  
 R.G. Kar MCH  
 Kolkata