

145 + 13

TICKET FOR OUT-DOOR PATIENTS

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

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

Name..... *Arina Maity*

Age..... *34* Caste..... Sex..... *F*

Disease.....

Date

Treatment

20/1/18, 40 - LBP -

~~*MR*~~

MR - US

Spine

[Signature]

Emergency Medical Officer
R. G. KAR M. C. H.
Kol

Plate No.

Register No. *145772*

HOSPITAL

Sex..... *F*

No. of Bed / Cabin

[Signature]
Emergency Medical Officer
R. G. KAR M. C. H.
Kol

- Notes :
- (1) This form should, except in urgent cases, be signed by the Visiting Staff.
 - (2) A note should, in all fracture cases, be made as to whether the splints may be removed.
 - (3) The time at which a Bismuth meal has been given should be noted.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department.