

West Bengal Form No. 769

180591

TICKET FOR OUT-DOOR PATIENTS

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

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

Name..... Dilip M. Das

Age..... 70 Caste..... Sex..... (M)

Disease.....

Date	Treatment
<u>21/2/81</u>	<u>C.B.P.</u>
	<u>h</u> <u>MM of</u> <u>L/S Exam</u> <u>n</u>

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