

189798

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..... Uma Majhi.....

Age..... 10 yrs...... Caste..... M..... Sex..... F.....

Disease.....

Date	Treatment
<u>22/12/18</u> <u>2:20 P.M.</u>	<u>Sudden onset of</u> <u>? unconsciousness</u>
	<u>Adv. Ref to New</u>
	/ E.C.G. in a/c / M.R.I. of brain
	<u>Adv. Admission in</u> <u>New unit III</u> <u>Cr 22/12/18</u>

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