

No. 815

Plate No.

Register No. *Reg. 1300555731*

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... *Fajruddin Mondal* Age..... *50yr* Sex..... *M*

Address.....

Physician / Surgeon..... *(U-1)* Ward..... *MMW-5* No. of Bed / Cabin..... *46*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain - Plain / Contrast if needed

Particulars point to be Investigated

Instruction

Date..... *13/8/18*

Signature..... *[Signature]*
Visiting Physician
Dept. of Medicine
R.G. Kar Medical College & Hospital, Kol-4

REPORT