

West Bengal Form No. 815

Plate No. ....

Register No. 1800711652

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Report / Treatment is required of

Name..... Sadeep Nath ..... Age. 11 years Sex M

Address.....

Physician / Surgeon..... Ward..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date 3/11/18

Signature.....

**REPORT**

R.G. Kar M.C.H., KOL-4  
Dept. of Radiology  
R.G. Kar M.C.H., KOL-4