

Patient may be allowed to undergo MRCR

Plate No.
Register No. *Dr. Anil Gupta* Pgt 18 yrs

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Rh-1800722114

Report / Treatment is required of

Name..... *GOBINDA PRAMONICK* Age..... *34* Sex..... *M*

Address.....

Physician / Surgeon..... *Dr. Anil Gupta* Ward..... *vision* No. of Bed / Cabin..... *24*

Paying / Non Paying

Brief history of case

of Prometric had MRCR?
- MRCR

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... *5/11/8*

Signature..... *Anil Gupta*

REPORT

Stamp