

West Bengal Form No. 815

M 1300 7256 95

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... SANTA DAS Age..... 40y Sex..... F

Address.....

Physician / Surgeon..... U-2 Ward..... FMPW 2 No. of Bed / Cabin..... 254

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 6/1/12

*MRSA Bacter
(P+G) i MR Angio of Cerebral
Vessels
MR Spectro Sonography*

Signature..... [Signature]

REPORT

[Signature]
[Signature]