

West Bengal Form No. 815

Plate No. ....

Register No. FR 150591

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

Report / Treatment is required of

Name..... Abhaya Ghose Age..... 32 yrs Sex..... M

Address..... A

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

Paying / Non Paying .....

Brief history of case

MAI @ knee joint

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 28/10/18

Signature..... [Signature]

**REPORT**

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