

West Bengal Form No. 815

Plate No. ....

Register No. 150590

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Srinandan Bose ..... Age..... 47 ..... Sex..... M .....

Address.....

Physician / Surgeon..... (Signature) ..... Ward..... No. of Bed / Cabin.....

Paying / Non Paying .....

Brief history of case  
ARI @ Shmberjouis

Clinical Diagnosis

Particulars point to be Investigated

Instruction  
Date..... 25/10/18 .....

Signature..... (Signature) .....

Emergency Medical Office  
R. G. Kar M.C.H.  
K01-4

**REPORT**