

word case
3:50 PM

West Bengal Form No. 815

Plate No.

Register No. RG180077531

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Mr. Sonu Age..... 25y Sex..... M
Address.....
Physician / Surgeon..... A Ward..... MMWS No. of Bed / Cabin..... 5
Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 7/11/18

Signature..... Subhajit Saha

REPORT