

West Bengal Form No. 815

Plate No. ....  
R418087505  
Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Babita Maity ..... Age..... 40 ..... Sex..... F

Address.....

Physician / Surgeon..... IV ..... Ward..... FMPH ..... No. of Bed / Cabin..... 248

Paying / Non Paying..... Free .....

Brief history of case..... Demyelinating disease / ? CVA

Clinical Diagnosis..... MRI brain (P+C)

Particulars point to be Investigated

Instruction

Date..... 8/11/18 .....

Signature..... DR Deleghat Ray  
(PMT)

**REPORT**