

West Bengal Form No. 81c

Plate No.

RG-1800777453

Register No.

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

Report / Treatment is required of

2 yrs 11 months.

Name..... Ayesha Khalon Age..... 2 Sex..... F

Address.....

Physician / Surgeon..... U-AB Ward..... MCW-6 No. of Bed / Cabin..... 28

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

MRI Brain.

Particulars point to be Investigated

Instruction

Date..... 9/11/18

Signature..... [Signature]

REPORT