

West Bengal Form No. 818

Plate No.

Register No.

180088
852

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report Treatment is required of

Name: *Mafaraj Pata*

Address:

Physician / Surgeon:

Paying / Non Paying:

Best history of case:

Clinical Diagnosis:

Patient's point to be investigated:

Instruction:

Date:

20/1/18

Mrs. Pata

R.M.O.

Female Medicine Ward

5th Floor

R. G. Kar Medical College & Hospital

Signature

REPORT