

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA1800682544

Report / Treatment is required of

Name..... Sanjita Devi Age..... 78y Sex..... P

Address.....

Physician / Surgeon..... T. A. Red Ward..... PMW-6 No. of Bed / Cabin..... 12

Paying / Non Paying

Brief history of case

Ischemic CVA

Clinical Diagnosis

Particulars point to be Investigated

MRI brain

Instruction

Date..... 11/10/18

Signature..... 

REPORT