

Plate No. ....

Register No. 180058872

# N. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Rabin Kr. Ruidas Age..... 50 Sex..... M

Address.....

Physician / Surgeon..... Unit IV Ward..... CB013

Paying / Non Paying..... Free No. of Bed / Cabin..... 28

Brief history of case

Clinical Diagnosis

MRCP

Particulars point to be Investigated

Instruction

Date..... 13/11/18

Signature..... [Signature]

REPORT