

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RA/808 799 335

Report / Treatment is required of

Name..... *Rajon Mondal* Age..... *60* Sex..... *M*

Address.....

Physician / Surgeon..... Ward..... *X1* No. of Bed / Cabin..... *MMW6*

Paying / Non Paying

Brief history of case *drowsiness, disorientation*

Clinical Diagnosis

Particulars point to be Investigated *MRI Brain*

Instruction

Date..... *29/11/18*

REPORT

Signature..... *Sunanda Mondal*

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