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VVEST	Bengal	Form	IVO.	013)

Ry18008 1754/

Plate No.	 	

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of Name	Age CSY Sex M			
Address	V			
Physician / Surgeon	Ward MM COS No. of Bed / Cabin X-1)			
Paying / Non Paying				
Brief history of case				
Clinical Diagnosis Particulars point to be Investigated MRI	Brain (P+C) Visiting Physician Dept. of Medicine MMW 5th and			
Instruction Date 23/11/18	Brain (P+C) Visiting Physicing Dept. of Medicine R.d. Visiting Physicine R.d.			
REPORT				

Full Signature of Rogi Sahayak

Received the service & I have not paid any amount for the service

Countersignature of on duty DNS

Signature / LTI of the patient

For any grievance contact Grievance Redressal Cell - 033-25557005, 8902023240,6291584407