

West Bengal Form No. 815

017519
R418 00817569

Plate No.
Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name Suapan Ghosh Age 45y Sex M

Address
Physician / Surgeon TV Ward MMW 5

Paying / Non Paying No. of Bed / Cabin 200

Brief history of case

Clinical Diagnosis

MRI brain (P+C)

Particulars point to be Investigated

Instruction

Date 23-11-18

Signature A. Kelanyang
Visiting Physician
Dpt. of Medicine
R.G. Kar MCH, Col-4

REPORT

Notes: (1) This form should, except in urgent cases, be signed by the Visiting Staff.
(2) A note should, in all fracture cases, be made as to whether the