

West Bengal Form No. 815

V-003019

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG18092422

Report / Treatment is required of

Name Bablu Karar Age 59y Sex M

Address .....

Physician / Surgeon I G. med Ward MMW6 No. of Bed / Cabin (3)

Paying / Non Paying .....

Brief history of case CVA

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date 26/11/18

Signature Shreyan Ghosh

**REPORT**