West Bengal Form No. 815 P91800822673

Plate No. Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of	Age 30 sex Male
Name.	90
Address	111/2 == 112
Physician/Surgeon Out NGM Ward	No. of Bed / Cabin
Paying / Non Paying	
Brief history of case	D =
Clinical Diagnosis	ectoscopy & Boain
Particulars point to be Investigated	
Instruction	Signature ASM ABMV
Date	Signature
REPORT	