West E ngal Form No. 815	Plate No
No.	Register No
R. G. KAR MEDICAL COLLEGE	& HOSPITAL
Electro Therapeutic Department	
Report / Treatment is required of	Ry 1800862606
Name Bihash Saha Age 70	Sex. M
Address	
Physician / Surgeon. T. Ward Mmw - 5	No. of Bed / Cabin (
Paying / Non Paying	
Brief history of case 90 - Left sided H	oryparesis
Paying/Non Paying Brief history of case Clinical Diagnosis Nectors can of bra	ůn .
Particulars point to be Investigated	
Instruction	FMPW 7th FLOG
Date	Signature. Bheineya Ray
REPORT	