

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800694492

Report / Treatment is required of

Name..... Sukumar Das Age..... 70y Sex..... m

Address.....

Physician / Surgeon..... Unit III (Gen medicine) Ward..... MMW5 No. of Bed / Cabin..... X2

Paying / Non Paying

Brief history of case..... Ischaemic CVA

Clinical Diagnosis

Particulars point to be Investigated..... MRI Brain

Instruction

Date..... 5/10/18

Signature.....

REPORT

(Handwritten Signature)
RMO
Spec. of Medicine
R. G. Kar Medical College
Kolkata