

West Bengal Form No. 815

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Rg/800995587

Plate No. ....

Register No. ....

Report / Treatment is required of

Name..... Dharmajoy Saha ..... Age..... 53 ..... Sex..... M

Address.....

Physician / Surgeon..... (W) ..... Ward..... MMW 5 ..... No. of Bed / Cabin..... F-30

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MR / Brain

Instruction

Date..... 4/10

Signature.....

REPORT

8240244458  
8274975165

Boortalla Thana