

West Bengal Form No. 815

Plate No.

Register No. RG.1850.701481

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Rabin Senmath Age..... 62 Sex..... M

Address.....

Physician / Surgeon..... unt-2 Ward..... MMW-5 No. of Bed / Cabin..... 214

Paying / Non Paying

Brief history of case
Clinical Diagnosis 3 sweating, ~~left~~ ^{right} sided weakness

Particulars point to be Investigated MRI-Brain

Instruction
Date..... 05/10/18

Signature.....

R.G. Kar M.C.H., Kol-4
Dept. of Medicine
Visiting Physician

REPORT