West Bengal Form No. 815

Plate No. ....

Register No. ....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 1800873050

Report / Treatment is required of

Name...... JIMI KHAN ...... Age...... 84 ...... Sex...... M ......

Address..

Physician / Surgeon...... Paed ...... Ward...... MCW 6 ...... No. of Bed / Cabin ...... 13 ......

Paying / Non Paying ....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date...... 14/12/18 ......

Signature......

MCW6

REPORT