West Bengal Form No. 815

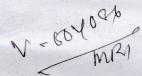


Plate No	 
Register No	

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**Electro Therapeutic Department** 

report / freatment is required of			
Name Birnait Karmakar Age 250 Address RG18097761	1 . M		
Address RG 18097761	Sex\		
Physician / Surgeon IV Mard, Ward Mm W To	No of D-1/2 (24)		
7 9	No. of Bed / Cabin		
Brief history of case Braun Mo T ( )			
Brief history of case  Clinical Diagnosis  Braun MRI (P+C)			
Particulars point to be Investigated	To the		
Instruction	Dept & Person		
Date	Dr. Srebisty but		
REPORT	Signature		