

West Bengal Form No. 815

Plate No. ....

Register No. ....

V/4200/MRI

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG/18098(8)-

Report / Treatment is required of

Name Pabitra Nandy Age 55 Sex M

Address .....

Physician / Surgeon V Ward MMW-5 No. of Bed / Cabin 45

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date 14/12/18

Signature Namrata Shaha

R.G. KAR MEDICAL COLLEGE & HOSPITAL  
Electro Therapeutic Department

**REPORT**