

West Bengal Form No. 815

Plate No.
R418097632
Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... DIPANKAR DAS Age..... 35y Sex..... M

Address.....

Physician / Surgeon..... Unit II Ward..... MMWS No. of Bed / Cabin..... X.8

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain + MR Angio.

Particulars point to be Investigated

Instruction

Date..... 19/12/18

Visiting Physician
Signature..... Sharmistha
R.G. Putra

REPORT