

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG180879777

Report / Treatment is required of

Name..... Bakul Ranu Sarkar ..... Age 75 ..... Sex F .....

Address.....

Physician / Surgeon..... I ..... Ward..... FMW-6 ..... No. of Bed / Cabin X4 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI brain

Instruction

Date 17/12/18 .....

R.M.O.  
Female Medicine Ward  
Signature [Signature]  
R.G. Kar Medical College & Hospital

**REPORT**