Register No. R. G. KAR MEDICAL COLLEGE & HOSPITAL Electro Therapeutic Department Report / Treatment is required of Name Rehava Behi Age 26471 Sex.	West Bengal Form No. 815 All and Plate No
Report / Treatment is required of Name Rehava BPhi Address.	Please de Unger al we diagnostilema. Register No.
Report / Treatment is required of Name Rehava BPhi Address.	R. G. KAR MEDICAL COLLEGE & HOSPITAL
Report / Treatment is required of Name Rehava BPhi Age 36427 Sex F	Electro Therapeutic Department R618 00688 15
Address	Report / Treatment is required of
Address	Name Kehana BPhi Age 36427 Soxf
	Address
Physician / Surgeon (Med) Ward Monday No. of Bed / Cabin 229	Physician/Surgeon (Med) Ward Manuar No of Bed/Cabin 229
Paying / Non Paying	Paying / Non Paying
Brief history of case	Brief history of case
Clinical Diagnosis MR Angéo Brain. Particulars point to be Investigated	Clinical Diagnosis MR Angéo Brain.
Particulars point to be Investigated	Particulars point to be Investigated
Instruction	Instruction
Date	Date
REPORT FM. G.	

Notes: (1) This form should, except in urgent cases, by signed by the Visiting Staff.

(2) A note should, in all fracture cases, be made as to whether the splints may be removed.

(3) The time at which a Bismuch meal has been given should be noted.
(4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time