

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 180 78857

Report / Treatment is required of

Name..... Madan Goswami Age..... 75yr Sex..... M

Address.....

Physician / Surgeon..... Neuromedic Ward..... Neuromed
male No. of Bed / Cabin M7

Paying / Non Paying

Brief history of case

Clinical Diagnosis

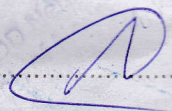
Particulars point to be Investigated

MRI Brain (PTC)

(Ur - 34 ng/dl
Cr - 1.0 ng/dl)

Instruction

Date..... 5/10

Signature..... 

REPORT