...gal Form No. 815

Plate No. ....

Register No. ....

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Rg/18078857

Report / Treatment is required of

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

Address..

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

Paying / Non Paying ....

Brief history of case

Clinical Diagnosis Lt. Hemiparesis + Rt. Hemichorea

Particulars point to be Investigated MRI - Brain

Instruction

Date.... 08.10.18.

Residential Medical Officer
Signature.... Dept. of Neurosciences
R.G.Kar MCH. Kol-4

REPORT