

West Bengal Form No. 815

RG-1800704446

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Anik Saha Age..... 22 yrs Sex..... M

Address.....

Physician / Surgeon..... Unit VI Ward..... MMWS No. of Bed / Cabin..... F3

Paying / Non Paying.....

Brief history of case Hanging

Clinical Diagnosis

Particulars point to be Investigated MRI ~~test~~ Brain + Cervical spine

Instruction

Date..... 8/10/18

Signature..... AP

REPORT