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West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Ry. 1800 821 770

Report / Treatment is required of

Name Khushi Chowdhury Age 46 Sex F

Address

Physician / Surgeon U-IV Ward FMW-7 No. of Bed / Cabin

Paying / Non Paying

Brief history of case clo, Rt Sided vision
Rt eye Tempur field

Clinical Diagnosis MRI of Brain; Orbist (P+C)

Particulars point to be Investigated

Instruction

Date 20/12/18

Signature [Signature]
INT-IV

REPORT

clo
Rt Sided
Rt eye Tempur
field & loss.