

West Bengal Form No. 815

RG1800890741

Plate No. ....

Register No. ....

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
Electro Therapeutic Department

Report / Treatment is required of

Name..... Sunil Baidya ..... Age..... 78 ..... Sex..... M .....

Address..... ..

Physician / Surgeon..... V ..... Ward..... MMW-5 ..... No. of Bed / Cabin..... 20 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI (Brain)

Instruction

Date..... 21/12/18 .....

Shikha Bage  
Signature.....

**REPORT**