

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

8618004674

Report / Treatment is required of

Name *Subhadra Kundu*

Age *60*

Sex *F*

Address.....

Physician / Surgeon..... *I*

Ward..... *FWB*

17

No. of Bed / Cabin

F-3

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

9/10/18

Date.....

Signature.....

REPORT

*P.M.O. 5th Floor
R.G. Kar Medical College & Hospital*