

West Bengal Form No. 815

Plate No.

N-4737

Register No.

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

Reg. No. 1450696054

Report / Treatment is required of

Name..... SARIN ADITHYAN Age..... 57y Sex..... F

Address.....

Physician / Surgeon..... V. J. Ward..... FRW 7 No. of Bed / Cabin..... 25.6

Paying / Non Paying.....

Brief history of case..... Seizure E. Unoperated

Clinical Diagnosis..... URGENT

Particulars point to be Investigated..... MRI SCAN

Instruction..... REF

Date..... 25/1/10

Signature..... [Signature]

REPORT

REC'D
ELECTRO
R. G. KAR