West Bengal Form	No.	815
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Plate No		
Plate No PG18 UO 70	7131	
Register No.	,	

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of	14		
Name Samas Das Ag	je 604 Sex M		
Address	V		
Physician/Surgeon U-I-Med Ward MM	No. of Bed / Cabin 17		
Paying / Non Paying			
Brief history of case			
Clinical Diagnosis MRI Bre	and the second s		
Particulars point to be Investigated	840		
Instruction	GO () ledieds		
Date	Signature Signature		
REPORT			