

West Bengal Form No. 815

Plate No.

Register No.

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

Report / Treatment is required of

RG1800714636

Name..... Gopal Mondal..... Age 60y..... Sex m.....

Address.....

Physician / Surgeon Unit III (Gen Medicine) Ward mmws No. of Bed / Cabin 11.

Paying / Non Paying

Brief history of case

Clinical Diagnosis MRI Brain

Particulars point to be Investigated

Instruction

Date 12/10/18.

Signature.....
Visiting Physician
Dept. of Medicine

REPORT