

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

KA 1800 718109

Report / Treatment is required of

Name..... Maya Bisi Age..... 35y Sex..... F

Address.....

Physician / Surgeon..... Unit IV Ward..... FMPW-7 No. of Bed / Cabin..... 234

Paying / Non Paying

Brief history of case

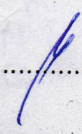
Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 13/10/18

Signature..... 

REPORT