

West Bengal Form No. 815

RG 1800 723025

Plate No. ....

Register No. ....

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

Report / Treatment is required of

Name..... Soni Ghosh ..... Age..... 50 ..... Sex..... F .....

Address..... ..

Physician / Surgeon..... VI ..... Ward..... FMP 107 ..... No. of Bed / Cabin..... 268 .....

Paying / Non Paying..... ..

Brief history of case CVA

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date 13/10/18 .....

Signature..... ..

RMG  
MCh  
Kolkata

**REPORT**