

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 1800 661711

Report / Treatment is required of

Name..... Ayub Ali Mondal Age..... 35y Sex..... M

Address.....

Physician / Surgeon..... II (CO) Ward..... TW Male No. of Bed / Cabin..... 7

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI brain

Instruction

Date..... 13/10

Senior Resident  
ICU 6th Floor  
R.G. Kar MCH

Signature.....

**REPORT**