

West Bengal Form No. 815

Plate No.

Register No. 180 0725633

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

Report / Treatment is required of

Name..... Alpama Mondal Age..... 40 Sex..... F

Address.....

Physician / Surgeon..... U P Ward..... EMW-7 No. of Bed / Cabin..... 249

Paying / Non Paying..... N/P

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain & cervical spine

Instruction

Date..... 15/10/18

Signature..... [Signature]

REPORT