

West Bengal Form No. 815

RG 1800723451

V-261

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Nimai Solui Age..... 85yrs Sex..... M

Address..... ..

Physician / Surgeon..... VI Ward..... MMWS No. of Bed / Cabin..... 10

Paying / Non Paying.....

Brief history of case CVA

Clinical Diagnosis MRI Brain

Particulars point to be Investigated ~~Sig CXR - PA view~~

Instruction

Date 18/10/18

Signature..... [Signature]

REPORT