RU180072891818.....

Register No. ....

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

**Electro Therapeutic Department** 

Report / Treatment is required of  Name Name Age.	68 Sex M
Address	
Physician/Surgeon Jounnell Ward Ward Ward	No. of Bed / Cabin 26
Paying / Non Paying	
Brief history of case	
Clinical Diagnosis	- Level I
Particulars point to be Investigated . MLI hum	Eloza.
Instruction	
DateV 10 10	Signature
REPORT	a