West Bengal Form No. 815

Plate No. ....

Register No. Ral 8082300

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

**Electro Therapeutic Department** 

Report / Treatment is required of

| Vame PRANAB CHALCE                   | RABARTY | Age     | Sex                    |    |
|--------------------------------------|---------|---------|------------------------|----|
| Address<br>Physician / Surgeon       |         | M.S.P.M | No of Red (Cabin       | 27 |
| . 그 개통을 하게 말했던 것 같아. 이 것 같아요. 것 같아.  |         |         | No. or Dear Cabirr     |    |
| Paying / Non Paying                  |         |         |                        |    |
| Brief history of case                |         |         |                        |    |
| Clinical Diagnosis                   |         |         |                        |    |
| Particulars point to be Investigated | M.R.C.  | P       |                        |    |
| Instruction                          |         |         | $\widehat{\mathbf{D}}$ |    |
| Date                                 |         |         | Signature              |    |
|                                      | REPO    | KI      |                        |    |