Plate No.		
i late IVO.	 	

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Ti	herapeutic De	partment		
Report / Treatment is required of			RHKMU	y/R4-
Name	alondolage	45 415	. 18	0073252
Physician / Surgeon	Ward M	Wb.	(2)
Paying / Non Paying			of Bed / Cabil	
Brief history of case	^ _		1	
Clinical Diagnosis	MRL	hroun c	Sesse	my
Particulars point to be Investigated	of	brain = Thole S	bine.	
Instruction		-		
Date				2 2
	REPORT	Signatur	e21	5/10/18
			PGT. N	nd. net Vt'