West Bengal Form No. 815

Ra180593471

Plate	No		 	 	 •••
Regi	ster	No.	 	 	 

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

## **Electro Therapeutic Department**

Report / Treatment is required of			
Name Haran Mon	dal	Age	Sex
Address	••••		
Physician/Surgeon S (1)	Ward	CBOBS	No. of Bed / Cabin
Paying / Non Paying			
Brief history of case			
Clinical Diagnosis	11000		
Particulars point to be Investigated	MRCP		
Instruction Date			Signature when Bank
	REPO	RT	Jy, Japan 13 aug