

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department **1800698721**

Report / Treatment is required of

Name..... Adwaitya Khatri Age..... 62 Sex..... M

Address.....
Physician / Surgeon..... III (S) Ward..... SAW No. of Bed / Cabin..... Room 4

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 21/10/18

30% mixed Thermal Brain T
suspected CVA

MRI of Brain

Signature..... [Signature] 21/10/18

REPORT