West	Bengal	Form	No.	815	

Plate No.		•••••
D	\$12081G	1,8
Register	16	7.

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

## **Electro Therapeutic Department**

Report / Treatment is required of Name St. Yusuf Ali	Age 94y Sex (H)
Address	
Physician/Surgeon U- I (Ma)	Ward MMW (S) No. of Bed / Cabin 203
Paying / Non Paying	
Brief history of case	
Olinical Diagnosis	
Particulars point to be Investigated	LI Praise
nstruction	P.M. Medicit
Date US (B) B	Signature
	DEDORT