

West Bengal Form No. 815

Plate No.

Register No. OR 180051044

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Sumati Pahari Age 60 yrs. Sex F.

Address.....

Physician / Surgeon..... Ward..... No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI w/A + pelvis

Particulars point to be Investigated

Instruction

Date 9/10/18

Signature [Signature]

REPORT

Emergency Medical Officer
R G KAR M
KO-4