

West Bengal Form No. 815

~~V-000807~~

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

R61200745468 **Electro Therapeutic Department**

Report / Treatment is required of

Name..... Tarak Ghosh Age..... 33 Sex..... M

Address.....

Physician / Surgeon..... unit IV Ward..... mmwr No. of Bed / Cabin..... 44

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 27/10/18

MRI brain (P+C)

Visiting Physician
Dept. of Medicine
MMW 5th
R.G. Kar M.C.H., Kol-4

Signature.....

REPORT

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.