6290050885

West Bengal Form No. 815

R91300751599

Plate No.

Register No.

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

**Electro Therapeutic Department** 

Report / Treatment is required of	
Name GOURI ORAD Age	SS Sex FEMALE
Address	
Physician/Surgeon Du7 VI GM Ward FmPu	0-7 No. of Bed/Cabin 267
Physician/Surgeon Du7 VI GM Ward FMP4 Paying/Non Paying Gutracovarial Co	dufed Grain Toma),
Brief history of case	
Clinical Diagnosis MRI Brain	
Particulars point to be Investigated	
Instruction Date 2 + 10 13	Signature Jastpa Japau
	Signature.
REPORT	