

West Bengal Form No. 815

Plate No.

Ra1800 745 306

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Pravas Mondal Age..... 55 Sex..... M

Address.....

Physician / Surgeon..... IV Ward..... MMW-5 No. of Bed / Cabin..... 54

Paying / Non Paying free

Brief history of case

Clinical Diagnosis

POO, + Ataxia + urinary incontinence + dementia

Particulars point to be Investigated

MRI brain (P+C)

Instruction

Date..... 6/11/18

Signature..... Dr. Debroyaji Ray (Pat)

REPORT

Full name of Dr