

West Bengal Form No. 815

Plate No. ....

Register No. AG 1800227005

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Report / Treatment is required of

Name..... Saylem Das Age..... 70 Sex..... M

Address.....

Physician / Surgeon..... Ward..... mmw No. of Bed / Cabin..... 36

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis MRI Brain

Particulars point to be Investigated

Instruction

Date.....

Signature.....

**REPORT**

R. G. KAR MCH  
M M W 6TH  
KOLKATA