

West Bengal Form No. 815

Plate No.

Register No. R418 00782074

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

Report / Treatment is required of

Name..... Hiraman Adhikary Age..... 70 Sex..... M

Address.....

Physician / Surgeon..... V-10 Ward..... man-5 No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain ~~part~~ - CMR Angio
man

Instruction

Date..... 9/11/18

Signature..... Rita Bhowmik

REPORT