

West Bengal Form No. 815

R41800 620 799

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Pralad Adhikary Age..... 58y Sex..... M

Address.....

Physician / Surgeon..... VI Ward..... MMWS No. of Bed / Cabin..... 01

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 10/11/18

Signature.....
Pralad Adhikary
MMWS
Dept. of Medicine
R.G. Kar Medical College
H.S.H., Kolkata

REPORT