

West Bengal Form No. 815

V/1987/MRI

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA180886.75

Report / Treatment is required of

Name..... Krishna Galdar Age 50 Sex F

Address..... ..

Physician / Surgeon..... Sn-U-P Ward F.S.P.O No. of Bed / Cabin 5

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Cholecholed cyst

Particulars point to be Investigated

MRCF -

Instruction

Date..... 14/1/88

Signature..... [Signature]

REPORT