

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG/8004/19

Report / Treatment is required of

Name..... Kamal Pramanik ..... Age..... 54 ..... Sex..... M

Address.....

Physician / Surgeon..... P (S) ..... Ward..... SAW ..... No. of Bed / Cabin..... 20

Paying / Non Paying .....

Brief history of case

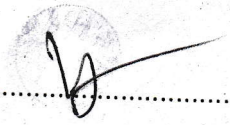
Clinical Diagnosis

MRCP

Particulars point to be Investigated

Instruction

Date..... 0/10/18 .....

Signature..... 

**REPORT**