

West Bengal Form No. 815

Plate No. ....

Register No. ....

pt is very sick, please give urgent date

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG18088817

PA18020318

Report / Treatment is required of

Name TUMPA PRAMANIK Age 15 yrs Sex Female

Address .....

Physician / Surgeon II(A) Ward F/W No. of Bed / Cabin 8 (F)

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis CA Ovary (P/O), ~~CA~~(?) brain metastasis

Particulars point to be Investigated MRI of brain

Instruction

Date 19/11/18

Signature .....

**REPORT**

Medical Officer  
 Dept. of P  
 R.G. Kar Medical  
 19/11/18  
 Electro Therapeutic