

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *RGK 8180817616*

Report / Treatment is required of

Name *Swapan K Ghosh* Age *52* Sex *M*

Address .....

Physician / Surgeon *U-I* Ward *MMW-5* No. of Bed / Cabin *13*

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date *23/11/18*

*(1) MRI of Brain (P+C)  
MR angio<sup>+</sup>*

Signature *[Signature]*  
RMO  
AP. ...  
M.P.W.

**REPORT**