

West Bengal Form No. 815

Plate No.

R 918007-23610

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Ganga Ram Ghosh Age..... 68 Sex..... Male

Address.....

Physician / Surgeon..... Dr. V. S. M. Ward..... Ward 5 No. of Bed / Cabin..... 207

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date..... 15/10/18

Signature.....

REPORT

