

West Bengal Form No. 815

*v-2778*  
*26/11/18*  
*at 8 Am*

Plate No. ....

Register No. *18.0.1.18.67*

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name *Bijn Sankar* Age *35* Sex *M*

Address .....

Physician / Surgeon *V* Ward *SAMW-5* No. of Bed / Cabin *39*

Paying / Non Paying .....

Brief history of case *Δ Neurolysis in -*  
Clinical Diagnosis *MRI Brain (P + C)*  
Particulars point to be Investigated *C MR Spectroscopy*

Instruction

Date *24/11/18*

Signature *Namrata Ghosh*

**REPORT**