

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800753291

Report / Treatment is required of

Name..... Mejida Bibi Age..... 70y Sex..... F

Address.....

Physician / Surgeon..... U.P.G. med Ward..... AMWB No. of Bed / Cabin..... F2-3

Paying / Non Paying.....

Brief history of case

new tear of lens

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 26/11/18

Signature..... [Signature]

REPORT

Emergency Medical Officer
R. G. Kar M.C.H
K-11-1