

Original Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Upendra Ch Roy Age 92 Sex M

Address .....

Physician / Surgeon J. V. (Medicine) M. M. W. C. Ward .....

No. of Bed / Cabin 37

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date 29 May

[Signature]  
Signature .....

**REPORT**