

Vest Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R 41808 J 318 J 8

Report / Treatment is required of

Name..... Kanamales Ghosh Age..... 40y Sex..... M

Address.....

Physician / Surgeon..... Ward..... CG. Pbs. No. of Bed / Cabin..... 109

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MR I Brain (MR Angiogram)

Particulars point to be Investigated

Instruction

Date..... 25/10/08

Signature..... [Signature]

**REPORT**