

West Bengal Form No. 815

Plate No.

V-3338

RG1800839355

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Baxen Biswas Age..... 64 Sex..... M

Address.....

Physician / Surgeon..... V Ward..... MMW-5 No. of Bed / Cabin..... 32

Paying / Non Paying

Urea - 26 mg/dl
Creatinine 1 mg/dl

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI MRB
Brain Spectroscopy

Instruction

Shikha Bage

Date..... 1/12/18

Signature.....

REPORT