

West Bengal Form No. 815

State No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department Rg 1808 3141

Report / Treatment is required of

Name..... Golam Mustafae Age..... 27yr Sex..... M

Address.....

Physician / Surgeon..... Ward..... KYCHHATRY No. of Bed / Cabin..... M16

Paying / Non Paying.....

Brief history of case..... MCO S2 d10

Clinical Diagnosis..... MRI - brain

Particulars point to be Investigated

Instruction.....

Date..... 26/10/18.....

Signature.....

REPORT