Plate No	
Register No.	Rh 180 840 49

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of	N			
Name Sante Bhoth Charige	Ageto	Sex		
Address				
Physician/Surgeon With medicine Ward	MMW-5	No. of Bed / Cabin 3 6		
Paying / Non Paying				
Brief history of case				
Clinical Diagnosis				
Particulars point to be Investigated MRL Brain		AMO MAN		
Instruction		Signature.		
Date. 26/10/18	S	Signature		
REPORT				