engal Form No. 815

Plate No.		 	 	 
Pogistori	VIO			

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

**Electro Therapeutic Department** 

Report / Treatment is required	of /				
Name Akshara Das	Age	rs Sex F			
	v	Can by their			
Address	000				
Physician / Surgeon.	Ward				
Paying / Non Paying					
Brief history of case					
Clinical Diagnosis					
Particulars point to be Investigated	MRI brain	Dopt of his Kol-4 Signature R. G. Kol-4			
Instruction , Please Del & Co		Dapt of Mr Kol-4			
Date 27/11/18		Signature R. G. Wolfer			
REPORT					