

West Bengal Form No. 815

Plate No. ....

RG1800874612

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sanjit Das ..... Age..... 32 ..... Sex..... M .....

Address.....

Physician / Surgeon..... D ..... Ward..... mmw-5 ..... No. of Bed / Cabin..... 24 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI (Brain)

Instruction

Date..... 15/12/18 .....

Shikha Bage

Signature.....

**REPORT**