

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RA 1800 2513 25

Report / Treatment is required of

Name..... Sahida Hossain Age..... 50 yr Sex..... F

Address..... ..

Physician / Surgeon..... D. S. S. Ward..... No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case CRD Start in LAn

Clinical Diagnosis MRCP

Particulars point to be Investigated

Instruction

Date..... 29/10/18

Signature..... R.M.G. 10/28
R.G.KAR M.C.H
Kolkata-700 004

REPORT