igal Form No. 815

00/304

Register No. ..

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG 18085929

Report / Treatment is required of	
Name Mousum DEY Age 26yr Sex	Ferrale
Address	
Physician/Surgeon	abin
Paying / Non Paying	
Brief history of case #10 Calcified granuloma	
Clinical Diagnosis MRI - Brain	
Particulars point to be Investigated	
Instruction	to
Date 21118	76
REPORT	***************************************

⁽²⁾ A note should, in all fracture cases, be made as to whether the splints may be removed.

⁽²⁾ The time at which a Riemuch meal has been given should be