

Legal Form No. 815

R41800683748

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Debasish Paul Age..... 50y Sex..... M

Address.....

Physician / Surgeon..... Unit 6 (M) Ward..... MHW₆ No. of Bed / Cabin..... X7

Paying / Non Paying

Brief history of case

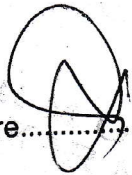
Clinical Diagnosis

Particulars point to be Investigated

MRI Brain.

Instruction

Date..... 30/9/18.

Signature..... 

REPORT