

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Rh1800786062

Name..... Kiru Sahaji Age..... 55 yr. Sex..... M.

Address.....

Physician / Surgeon..... Ward..... mmws. No. of Bed / Cabin..... 27.

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI + MRS (Brain).
(Ptc)

Particulars point to be Investigated

Instruction

Date..... 12/11/18

Signature..... Anupriya Podder
RMG
of Med
Kara
olkata

REPORT