

West Bengal Form I

V-1819

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *PK 15087942*

Report / Treatment is required of

Name..... *Pranita Devi* Age..... *43* Sex..... *F*

Address.....

Physician / Surgeon..... *Unit VI* Ward..... *TW(2)* No. of Bed / Cabin..... *6B*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MALP

Particulars point to be Investigated

Instruction

Date..... *10/11/18*

Emergency Medical Officer

R. G. Kar M.C.H.

Signature

[Signature]

REPORT