

West Bengal Form No. 815

Plate No.

Register No. DG 1 820 809 808

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Jayram Pal Age 45y Sex M

Address

Physician / Surgeon Dr. (Med) Ward MM-5 No. of Bed / Cabin 199

Paying / Non Paying

Brief history of case

Clinical Diagnosis Hemorrhagic CVA

Particulars point to be Investigated MRI Brain + MR Angiography

Instruction

Date 22/1/14

Signature (Signature)

REPORT