

V- 003367
MREP

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RG1800839382

Name..... B. K. Majumdar Age..... 18 yr Sex..... Female

Address..... ..

Physician / Surgeon..... unit 23 Ward..... PHW No. of Bed / Cabin..... 22

Paying / Non Paying..... Co-payment

Brief history of case..... Chelazymis

Clinical Diagnosis

Particulars point to be Investigated..... MREP

Instruction

Date..... 1/12/18

Signature..... B. K. Majumdar

REPORT