

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

179490

Report / Treatment is required of

Name..... Salama Biswas Sobin Mondal Age..... 26yr Sex..... F

Address.....

Physician / Surgeon..... Ward..... B2 No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date.....

Signature..... Danish
2/12/18
Emergency Medical Officer
R. G. Kar M.C.H.

REPORT