

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name..... Hasibul Islam Mustaj Age 1 Yrs 8 months Sex M.....

Address.....

Physician / Surgeon..... Peal..... Ward..... OPD..... No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated M. R. I brain

Instruction

Date 05/12/18.....

(Signature)

R.M.O.-cum-Clinical Tutor
Dept. of Paed, Medicine
Signature R.G. Kar M.C.H., Kol-4.....

REPORT