

Pengal Form No. 815

Plate No.

Register No. R41800862591

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... RISHI SHAW

Address..... Age..... 14yr Sex..... M

Physician / Surgeon..... J. J. (Trauma)

Paying / Non Paying..... Ward TMW - 6th floor No. of Bed / Cabin..... 1A

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 12/12/18

Signature.....
TCU 9th Floor
R.G. Kar MCH

REPORT