

West Bengal Form No. 815

Plate No.

1000
MR 66/1900-1

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RGM 80885910

Report / Treatment is required of -
Name..... Ajay Gan Age..... 32y Sex..... MA

Address..... V-TV Ward..... MMW-5 No. of Bed / Cabin..... 39

Paying / Non Paying

Brief history of case Neuroretinitis (PRL)

Clinical Diagnosis

Particulars point to be investigated MRI brain + gadolinium contrast

Instruction

14/12/18

Signature.....

[Signature]

Date..... **REPORT**