

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department *RGK 80085910*

Report / Treatment is required of *AM*

Name *Ajay Gan* Age *32y* Sex *M*

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

Physician / Surgeon

Paying / Non Paying

Brief history of case *Neurorefinitis (PDL)*

Clinical Diagnosis

Particulars point to be Investigated *MRI brain ± gadolinium contrast*

Instruction

Date *14/12/18* Signature *[Signature]*

REPORT