

West Bengal Form No. 815

Plate No. ....

Register No. ....

✓/2119/MRI  
**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
Electro Therapeutic Department

Report / Treatment is required of

RG 1800793/62

Name..... BODHAN HARIJAN ..... Age..... 45 ..... Sex..... F .....

Address..... ..

Physician / Surgeon..... IM Med ..... Ward..... FMPW7 ..... No. of Bed / Cabin..... 261 .....

Paying / Non Paying .....

Brief history of case Ischaemic CVA

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 15/4 .....

Signature..... Agniva Ghosh .....

**REPORT**