West Bengal Form No. 81	rm No. 815	For	ngal	Be	Vest	V
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Plate No.	 	

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report	/ Treatment is required of			
Name	Asian	AlimondalAge	824 Sex	\mathcal{M}
Address			(
Physician/S	urgeon	Ward Crew	No. of Bed/Ca	bin
Paying / Non	Paying			
Brief history	of case			
Clinical Diag	nosis			*
Particulars p	oint to be Investigated	ET Ju	Brein	
Instruction		MRI Bose	(psc)	
Date	70/10/181	1000 1 188ed	Signature Media	al One
•		REPORT	R. G.	