

West Bengal Form No. 815

3201

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RH1800833514

Report / Treatment is required of

Name..... Rohit Shaw ..... Age..... 13 ..... Sex..... M .....

Address.....

Physician / Surgeon..... 22 ..... Ward..... MNMF ..... No. of Bed / Cabin..... F-30 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 29/11/18 .....

MR I brain (P+L)

Shukla A.D.  
Visiting Physician  
Dept. of Medicine  
R.G. Kar M.C.H. Kolkata  
Signature.....

**REPORT**