Vest Bengal Form No. 815	Plate No
R. G. KAR MEDICAL C Electro Therape	OLLEGE & HOSPITAL
Report / Treatment is required of Name	Age
Address	JLGW, / Elanfrici PronNo. of Bed/Cabin Ed. 4
Brief history of case Clinical Diagnosis Particulars point to be Investigated MRI-Brai	r. [Blain)
Instruction Date 30.11.18	Signature