

West Bengal Form No. 815

Plate No.

Register No. 1.200065724

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name.....*Haradhan Mmondal*..... Age.....*56 yr*..... Sex.....*M*.....
Address.....

Physician / Surgeon.....*U-D Med.*..... Ward.....*MMW-5*..... No. of Bed / Cabin.....*638/213*
Paying / Non Paying.....*N/A*.....

Brief history of case.....*MRT of Brain (P+C)*.....
Clinical Diagnosis.....

Particulars point to be investigated

Instruction

Date.....*30/11/2018*.....

Signature.....*Aradh Kn*.....

REPORT