

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Nurgan Dobi Age..... 26 Sex..... f

Address.....

Physician / Surgeon..... (Signature) Ward..... 305 No. of Bed / Cabin

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MDef

Particulars point to be Investigated

Instruction

Date.....

12 NOV 2019

Signature.....

R.M.O.
R.G. KAR M.C.H.
Kolkata-700 004

REPORT