

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Rh-1800890608

Report / Treatment is required of

Name..... Priya Sutar Age..... 18y Sex..... F

Address.....

Physician / Surgeon..... cev-7 Ward..... No. of Bed / Cabin.....

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

MR2 brain

Particulars point to be Investigated

Instruction

Date..... 22/12/18

Signature.....
Dr. Priyabrata Mondal

REPORT

FULL NAME OF
DR.