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West Bengal Form No. 815

Plate No.

Register No. Ry/800892583

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Nuruddin Age..... 55y Sex..... M

Address..... ..

Physician / Surgeon..... IV med. Ward..... MMW5 No. of Bed / Cabin..... (19)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain (P+C)

Particulars point to be Investigated

Instruction

Date..... 23/12/18

Signature..... Dr. Gulam Prof

(Dr. Gulam)

REPORT