

W-00/337

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department RG-18086208

Report / Treatment is required of

Name..... Sultan Gazi Age..... 14Y Sex..... M

Address.....

Physician / Surgeon..... IB Ward..... MCW6 No. of Bed / Cabin..... 21

Paying / Non Paying


Brief history of case cont bil drooping of eyelid.

Clinical Diagnosis MRI of brain

Particulars point to be Investigated

Instruction

Date..... 02/11/18


Signature..... Med. Sultan Gazi

REPORT