

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800 775667

Report / Treatment is required of

Name..... Sabita Some ..... Age..... 55 ..... Sex..... f

Address.....

Physician / Surgeon..... I ..... Ward..... PMW6 ..... No. of Bed / Cabin..... F16

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date..... 5/11/18 .....

Signature..... Shriya Roy .....

REPORT