

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 1800539452

Report / Treatment is required of

Name Sefali Das Age 77 yrs Sex F

Address .....

Physician / Surgeon U-I Ward FMWG No. of Bed / Cabin 23

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 7/11/18

MRI brain (contrast free)  
CSF - 24  
contrast - 0.7

Signature Sey  
Female R.M.O.  
Electro Therapeutic Department  
R. G. Kar Medical College & Hospital

REPORT