

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Kaykayee Das Age..... 50 yr Sex..... F

Address.....

Physician / Surgeon..... Unit - IV Ward..... FMW6 No. of Bed / Cabin..... ~~10~~ 1

Paying / Non Paying

Brief history of case Hemorrhagic CVA

Clinical Diagnosis

Particulars point to be Investigated MRI Brain (Plain)

Instruction

Date..... 9/11/18

Dipankar Biswas
R.G. Kar Medical College & Hospital
Signature.....

REPORT