

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Purnima Das Age 55y Sex F

Address.....

Physician / Surgeon..... [Signature] Ward FMPW-7 No. of Bed / Cabin 235

Paying / Non Paying

Brief history of case

TIA, fever & ev.
MRI brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 9.11.18

Signature..... [Signature]

REPORT