

Register No.

R.G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department **RG1800688077**

Report / Treatment is required of

Name..... **Sabera Bili** Age..... **55** Sex..... **F**

Address.....

Physician / Surgeon..... **I** Ward..... **FMW6** No. of Bed / Cabin..... **N44**

Paying / Non Paying

Brief history of case

Clinical Diagnosis **MRI Brain**

Particulars point to be Investigated

Instruction

Date..... **2/10/18**

R.N.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital
A

REPORT