

Ry1800817541

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Md Jofan Age 67y Sex M

Address .....

Physician / Surgeon W Ward MMCS No. of Bed / Cabin X-11

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain (P+C)

Instruction

Date 23/11/18

Visiting Physician  
Dept. of Medicine  
MMV 5th  
R.G. Kar Medical College  
M. Kelanyang

Signature .....

### REPORT

Full Signature of Rogi Sahayak

Countersignature of on duty DNS

Received the service & I have not paid any amount for the service

Signature / LTI of the patient