

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG 1800820756

Report / Treatment is required of

Name..... Amal Mandal Age..... 65y Sex..... M.

Address..... ..

Physician / Surgeon..... M.M.W-S Ward..... Med V No. of Bed / Cabin..... 43

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI brain

Instruction

Date..... 26/11/18

Signature..... Nirayam Roy

REPORT