

Vr 3/06

RA18093384

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... ANGILA B/B1 Age 32 yr Sex F

Address.....

Physician / Surgeon II med Ward FMDW7 No. of Bed / Cabin II med

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 28/4/18 u/a-32/0.8

Bin. 249

CE MRI brain

REPORT

Signature

Dipankar

Mukherjee
Pa.T. Umr II med

RMO

MPW 7th