

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Gopal Sarkar ..... Age..... 48y. ..... Sex..... M .....

Address.....

Physician / Surgeon..... ↓U-I ..... Ward..... MMW-5 ..... No. of Bed / Cabin..... 14 .....

Paying / Non Paying.....  .....

Brief history of case..... Seizures

Clinical Diagnosis..... CVA

- Urea — 16 mg/dL  
- Creatinine — 0.65 mg/dL

Particulars point to be Investigated.....  
- MRI of Brain (P+C)

Instruction.....  
- MR Angio Brain

Date..... 28/11/18 .....

Signature..... Manas Das .....

**REPORT**

Stamp: R. G. KAR MEDICAL COLLEGE & HOSPITAL