

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

PG 1800829576  
75yr Sex M

Name..... Dilip Roy ..... Address.....

Physician / Surgeon..... Unit II ..... Ward..... MMW 6 ..... No. of Bed / Cabin..... 11

Paying / Non Paying .....

Brief history of case ~~ex~~ wedness of b/L limbs, & VL (rt)  
& sepsis.

Clinical Diagnosis  
Particulars point to be Investigated MRI brain & Contrast

Instruction Cervical scans

Date..... 5/12/18 .....

vs = 26  
cr = 9 Signature..... [Signature]

**REPORT**