

883

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800694660

Report / Treatment is required of

Name..... Kamala Mondal ..... Age 62Y ..... Sex F .....

Address.....

Physician / Surgeon..... Unit III (Gen Medicine) ..... Ward..... No. of Bed / Cabin .....

Paying / Non Paying .....

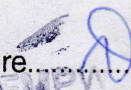
Brief history of case

Clinical Diagnosis MRI Brain

Particulars point to be Investigated

Instruction

Date..... 4/10/18 .....

Signature.....  .....

**REPORT**

FMPV  
R. G. KAR M.C.H.