

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800 857 207.

Report / Treatment is required of

Name..... MINA ROY ..... Age..... 80y ..... Sex..... F .....

Address.....

Physician / Surgeon..... Med V ..... Ward..... FMPW 7 ..... No. of Bed / Cabin..... 266 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 8/12/18 .....

MRI Brain  
(Plain + Contrast)  
Dr. Anupam Roy

Ur → 32 mg/dl.  
Cr → 0.98 mg/dl.

Signature.....

**REPORT**