

West Bengal Form No. 815

✓ 3869/MRI

Plate No. ....  
R.G. 1800 8414  
Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Shibmath Mandal ..... Age..... 25y ..... Sex..... M

Address.....

Physician / Surgeon..... II (O) ..... Ward..... TCU (M) ..... No. of Bed / Cabin..... 20

Paying / Non Paying.....

Brief history of case..... (L+) Sub trochanteric H = H/O - Arnold Chiari malformation Type - I

Clinical Diagnosis.....

Particulars point to be Investigated..... MRI of brain

Instruction.....

Date..... 20/12/18.....

**REPORT**

Signature..... Saptarshi Ghosh  
Junior Resident  
TCU 6th Floor  
R.G. Kar MCH