

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

18096371

Name..... BABLI SARDAR Age..... 21yr Sex..... Female

Address.....

Physician / Surgeon..... VE(MED) Ward..... AVD6 No. of Bed / Cabin..... V-13

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain!

Particulars point to be Investigated

Instruction

Date..... 8/12/18

**REPORT**

Signature..... [Signature]  
Dr. Anand K.  
MD. (VE(MED))