

V-004192 MRI

R91800865666
PA1800068105

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Shilpa Das Age..... 26Y Sex..... F

Address.....

Physician / Surgeon..... II B G & O Ward..... AMW No. of Bed / Cabin..... 6

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 13 / 12 / 18

MRI Brain
(Hypertensive patient
c/o Blurring of vision)

R.M.O.
DEPT. II B G & O
R.G. KAR M.C.H.
KOLKATA-4
Signature..... Ghanti

REPORT