

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

PC 18078911

Report / Treatment is required of

Name..... Samsul Hoque ..... Age..... 70yrs ..... Sex..... M .....

Address.....

Physician / Surgeon..... Neurologist ..... Ward..... Neurology ..... No. of Bed / Cabin..... M-11 .....

Paying / Non Paying.....

Ur - 33 mg/dl  
Cr - 0.9 mg/dl

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI (Brain + orbit) + MR angiogram of cerebral vessels (ptc)

Instruction

Date..... 6/10 .....

Signature.....

**REPORT**

Department of Neuro Sciences  
R.G. Kar Medical College  
Kolkata  
Professor