

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *RA1800876312*

Report / Treatment is required of

Name *Rahima Bibi* Age *70y* Sex *F*

Address

Physician / Surgeon *MD (Medicine)* Ward *FMW-6* No. of Bed / Cabin *25*

Paying / Non Paying

Brief history of case

MRI Brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date *19/12/18*

Signature *[Handwritten Signature]*
R.M.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

REPORT