

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RUL8099139 .

Report / Treatment is required of

Name..... Raj Kumar Mondal ..... Age..... 44y ..... Sex..... M .....

Address.....

Physician / Surgeon..... 1 (Neuro) ..... Ward..... N. Med (M) ..... No. of Bed / Cabin..... M3 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain & Orbit (P+C)

Particulars point to be Investigated

Instruction

Date..... 19/12/13 .....

Signature.....

*MBM*  
Residential Medical Officer  
Dept. of Neurosciences  
R.G. KAR MCH, Kol-4

**REPORT**