

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *RG1800884815*

Report / Treatment is required of

Name *Swapan Mandal* Age *40y* Sex *M*

Address .....

Physician / Surgeon *II (medicine)* Ward *MMW 6* No. of Bed / Cabin *5*

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

*MRI brain (plain)*

Particulars point to be Investigated

Instruction

Date *20/12/18*

R M C  
R. G. KAR MCH  
MMW 6TH

Signature *Emili Hazra*

**REPORT**