

V / 6458 / MRI

745

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Pooja Sarathi Ghosh Age 45 Sex M

Address

Physician / Surgeon I Ward MMW-6 No. of Bed / Cabin 16

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

MR Angiogram
Brain

Instruction

Date 19/12/18

Signature Shovan Ghosh
R.M.C.

REPORT