

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Chhaya Chauraboshi Age..... 64 yr Sex..... F

Address.....

Physician / Surgeon..... Ward..... Neuromedicine No. of Bed / Cabin..... P-10

Paying / Non Paying

Brief history of case
Clinical Diagnosis (?) Dementia + HOCM

Particulars point to be Investigated MRS Basalm

Instruction

Date..... 19/12

Signature..... Goutam Bhandari
G.T.

REPORT

