

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R61800841447

Report / Treatment is required of

Name..... B/o Sujina Chakrabarti Age..... 40m Sex..... F

Address.....

Physician / Surgeon..... Paed Ward..... new 6 No. of Bed / Cabin..... Hou 1

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date..... 20.12.18

R.M.O.  
M.C.H. Ward  
R.G. Kar M.C. & Hospital

Signature..... [Signature]

**REPORT**