

West Bengal Form No. 815

V- 004383  
MRI

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG 1800881994

Report / Treatment is required of

Name Usha Rani Brahma Age 75y Sex F

Address .....

Physician / Surgeon U. S. Das Ward PMUCC No. of Bed / Cabin 65

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

For MRI (brain) Plan

Particulars point to be Investigated

Instruction

Date 18/12/18

R.G. Kar Medical College & Hospital  
Signature [Signature]  
Female Medicine

**REPORT**