

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 180088768

Report / Treatment is required of

Name..... Zinat Yasmin Age..... 27yr Sex..... Female

Address.....

Physician / Surgeon..... U.D. (Med.) Ward..... FMW B No. of Bed / Cabin..... 24

Paying / Non Paying..... Paying Non Paying

Brief history of case Seizures in a pt of metastasis CA breast urea → 20
creatinine → 0.9

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain E Contrast

Instruction

Date..... 21/12/18.....

R.M.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital
Signature.....

REPORT

ATUL RAI