

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

RG 1809-6775

Name..... INDRANI DOLAI Age..... 30 Sex..... F

Address.....

Physician / Surgeon..... Ward..... Psychiatry No. of Bed / Cabin..... (F7)

Paying / Non Paying.....

Brief history of case..... K/40 STCS & MR

Clinical Diagnosis..... URGENT MRI brain (2x2)

Particulars point to be Investigated

Instruction

Date..... 29/12/18

Signature..... Shruti

REPORT DR SHRUTI GUPTA (RGJ)