

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG 18 00684092

Report / Treatment is required of

Name..... ATIAR RAHMAN Age..... 80yr Sex..... M

Address.....

Physician / Surgeon..... IV Medicine Ward..... MMW6 No. of Bed / Cabin..... 37

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date..... 9/10/16

Signature..... [Signature]
Female Medicine Ward

REPORT

R.G. Kar Medical College & Hospital