

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 1800 89 4150

Report / Treatment is required of

Name..... Sanatan Sardar ..... Age..... 72 ..... Sex..... M .....

Address.....

Physician / Surgeon..... I ..... Ward..... MM10-5 ..... No. of Bed / Cabin..... (23) .....

Paying / Non Paying .....

Brief history of case 40 - (RT) sided Hemiparesis

Clinical Diagnosis MRI brain

Particulars point to be Investigated

Instruction

Date..... 24/12/18 .....

Signature..... Ria Da .....

**REPORT**