

RG1800711375

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Narayan Paul Age..... 62y Sex..... M

Address.....
Physician / Surgeon..... A-II Med Ward..... MMWB No. of Bed / Cabin..... 5

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 9/10

Please do this MRI as soon as possible

MRI brain plain urgent

Signature..... [Signature]

REPORT

PgT