

West Bengal Form No. 815

✓ [4735/MRI

Plate No. ....

Register No. RG1810896

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

076

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Jaba pane ..... Age..... 60 ..... Sex..... F .....

Address.....

Physician / Surgeon..... I ..... Ward..... FMW-6 ..... No. of Bed / Cabin..... 43 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 25/12/18 .....

Signature..... Shrayasi  
R.M.O.  
Female Medicine Ward  
6th Floor  
R.G. Kar Medical Hos

**REPORT**