

MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

RN18080266

Report / Treatment is required of

Name..... Akhilish Kumar Age..... 20y Sex..... M

Address..... ..

Physician / Surgeon..... 1 (Neuro) Ward..... N med (M) No. of Bed / Cabin..... M12

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MR spectroscopy Brain

[MRI Brain

has been done]

Particulars point to be Investigated

Instruction

Date..... 10/10/18

Signature..... [Signature]

REPORT