

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Rh-13.00710542

Name..... Sarifan Molla Age..... 45y Sex..... F.

Address.....

Physician / Surgeon..... II Med. Ward..... FMW6 No. of Bed / Cabin.....

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date..... 10/10

R.M.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

Signature.....

REPORT