

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG180070752

Report / Treatment is required of

Name..... Abdul Hai Age..... 40 Sex..... M

Address.....

Physician / Surgeon..... I Ward..... MMW 6 No. of Bed / Cabin..... (3)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI brain ± spectroscopy

Particulars point to be Investigated

Instruction

Date..... 12/10/18

Signature..... [Signature]

REPORT

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