

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Mallika Datta Age..... 48y Sex..... F

Address.....
Physician / Surgeon..... unit -1 Ward..... EMU 6 No. of Bed / Cabin..... (15)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 16/10/18

MRI Brain ± Contrast

Signature..... Arijal Pandey

REPORT