

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RC 1800 368952

Report / Treatment is required of

Name..... Asha Hazra Age..... 75yrs Sex..... F

Address.....

Physician / Surgeon..... u-ii Ward..... AMWC No. of Bed / Cabin..... 9

Paying / Non Paying

Brief history of case 10

Clinical Diagnosis

Particulars point to be Investigated

MRI brain (plain)

Instruction

urgent

Date..... 19/10/18

Signature.....

REPORT

[Signature]

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

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Electro Therapeutic Department
1800 368952