

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RQ 1800 3C 3954

Name..... *Sudhir k n. Conu* Age..... *73yrs* Sex..... *Male*

Address.....

Physician / Surgeon..... *U-II (Med)* Ward..... *POB MMWC* No. of Bed / Cabin..... *3C*

Paying / Non Paying

Brief history of case

MRI (brain plain)

Clinical Diagnosis

Particulars point to be Investigated

urgent

Instruction

Date..... *11/10/18*

Signature..... *[Signature]*

REPORT

[Signature]