

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RA1800739857

Report / Treatment is required of

Name M. Regal Mendel Age 11y Sex M

Address .....

Physician / Surgeon T.H. Ward MCW 6 No. of Bed / Cabin 40

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

Instruction

Date 27/10/18

Signature .....



**REPORT**