

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Rupa Parui

Age.....

31y

Sex.....

AF.

Address.....

RG-180002-6938

Physician / Surgeon.....

I Med

Ward.....

PM06

No. of Bed / Cabin.....

22

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Pain MRI brain

Particulars point to be Investigated

Instruction

Date.....

24/10/18

Signature.....



**REPORT**