

AR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Plate No.

Register No.

Treatment is required of

Gita Majumdar

Address..... RG-1500739800

Age..... 81y

Sex..... F

Physician / Surgeon..... I Med

Ward..... FMW6

No. of Bed / Cabin (16)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date..... 25/10.

Signature..... [Signature]

REPORT