

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800 779365

Report / Treatment is required of

Name..... Kanaklata Mukherjee Age..... 65y Sex..... F

Address.....

Physician / Surgeon..... Unit 3 Ward..... FMW 6 No. of Bed / Cabin..... F13

Paying / Non Paying .....

Brief history of case

MRI- Brain (P~~100~~)

Clinical Diagnosis

Particulars point to be Investigated

area: 47 insd.  
area: 1.75

Instruction

Date..... 8.11.18

Signature..... Sandeep Das  
(Ink)

**REPORT**

8648015107

Pr-110  
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