

1800786033

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Naaima Bibi. ..... Age..... 36 yr. ..... Sex..... F. .....

Address.....

Physician / Surgeon..... Ward..... FMPW 7. ..... No. of Bed / Cabin..... 268. .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI Brain.

Particulars point to be Investigated

Instruction

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

RMO  
FMPW 7th FLOOR  
R. G. Kar MCH

Signature..... [Signature] .....

**REPORT**