

V-1818
141800 785987

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Cudhin Nath Age..... 70 y Sex..... M

Address.....

Physician / Surgeon..... NS Ward..... mmw5 No. of Bed / Cabin..... 45

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 10/4/14

Signature..... Sounil Ghosh

REPORT