

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Arav Haldar ..... Age..... 70y ..... Sex..... F

Address.....

Physician / Surgeon..... Unit (i (Med)) ..... Ward..... PMW 6 ..... No. of Bed / Cabin..... (X13)

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Ur - 70

Instruction

CR = 1

Date..... 13/11/18 .....

Anurag Haldar

Signature.....

**REPORT**

