

EMERGENCY

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Saraswati Samadai Age..... 45 Sex..... F

Address.....

Physician / Surgeon..... GSU5 Ward..... No. of Bed / Cabin

Paying / Non Paying

Brief history of case } ?? CVA

Clinical Diagnosis

Particulars point to be Investigated - MRI Brain

Instruction

Date..... 16/11/18

Signature..... Sheya Neogy

REPORT