

RG1800802956

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

Report / Treatment is required of

Name..... Smeran Hossain Age 22 Sex M

Address..... ..

Physician / Surgeon..... V Ward mmw-5 No. of Bed / Cabin 56

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of brain

Instruction

Date..... 17/01/08

Signature..... Shikha Bage

REPORT