

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

*PH 18 0080404*

Report / Treatment is required of

Name..... *Soren Datta* ..... Age..... *50* ..... Sex..... *M* .....

Address.....

Physician / Surgeon..... Ward..... *Amul* ..... No. of Bed / Cabin..... *25* .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated *MRI of Brain*

Instruction

Date..... *17/11/14* .....

Signature..... *R.M.O. Rama Medicine Ward* .....

**REPORT**