

002455  
MRI

RC1800804796

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Nirajan Datta ..... Age..... 72y ..... Sex..... Male .....

Address.....

Physician / Surgeon..... V ..... Ward..... MMWS ..... No. of Bed / Cabin..... 33 .....

Paying / Non Paying .....

Brief history of case

I. CVA

Clinical Diagnosis

Particulars point to be Investigated

MRI brain

Instruction

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

Signature..... [Signature] .....

**REPORT**