

Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *RG 18000 54313.*

Report / Treatment is required of

Name..... *Parvati Malik* Age..... *46.y* Sex..... *F*

Address.....

Physician / Surgeon..... *Neuron* Ward..... No. of Bed / Cabin..... *F*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain & Cervical spine

Instruction

Date..... *21.10.18*

Signature.....
[Signature]
Residential Medical Officer
Trauma Care Centre
Department of Neuro Sciences
R.G. Kar, MCH, Kol-4

REPORT