

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sakti Mondal Age..... 65yr Sex..... M

Address.....

Physician / Surgeon..... Unit - IV Ward..... MMW6 No. of Bed / Cabin..... (2)

Paying / Non Paying

Brief history of case ? complicated CSOM

Clinical Diagnosis

Particulars point to be Investigated CE-MRI of Brain

[Ur = 32 mg/dl
Cr = 1.0 mg/dl]

Instruction

Date..... 19/11/18

R. G. KAR
Signature..... [Signature]

REPORT