

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800 808462

Report / Treatment is required of

Name..... Nirajan Sen Age..... 79 Sex..... M

Address..... ..

Physician / Surgeon..... Unit II Ward..... MAW No. of Bed / Cabin..... F65

Paying / Non Paying

Brief history of case

Clinical Diagnosis

unconsciousness

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 20/11

Signature..... Sumanjini Das

REPORT