

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... AKBARI BEGUM Age 36 yr Sex Female

Address.....

Physician / Surgeon..... unit - ITB Oncology Ward..... Oncology female No. of Bed / Cabin..... 3(F)

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI of Brain (URGENT)

Instruction

Date..... 20/11/2018

Signature..... [Signature]
20/11/2018

REPORT

Dr. Kamal Ray
Reg - 72648 A
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