

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG 1800820707

Report / Treatment is required of

Name..... Anita Deb. ..... Age..... 65y ..... Sex..... F .....

Address.....

Physician / Surgeon..... Med U-5. ..... Ward..... RMPW-7 ..... No. of Bed / Cabin..... 240 .....

Paying / Non Paying.....  Paying  Non Paying .....

Brief history of case..... ⊗ fever ↓ evaluation.

Clinical Diagnosis..... Δ Left Hemiparesis.

Particulars point to be Investigated.....

Instruction..... MRI of brain

Date..... 24/11/2018 ..... Signature..... Nimpanyy .....

**REPORT**

W 7th Flr  
R. G. Kar M