

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

RG1800820748

Report / Treatment is required of

Name..... Namita Ghosh ..... Age..... 65 yrs ..... Sex..... F .....

Address.....

Physician / Surgeon..... D Medicine ..... Ward..... FMW 6 ..... No. of Bed / Cabin..... F14 .....

Paying / Non Paying .....

Brief history of case

MRI Brain

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 24/11/18 .....

Signature..... S. Sen .....

R.M.O.  
Female Medicine Ward  
R.G. Kar Medical College & Hospital

**REPORT**