

V/3037/MRI

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Rg18092189

Report / Treatment is required of

Name Biren Malhotra Age 55y Sex M

Address .....

Physician / Surgeon Unit 6 (M) Ward MMW6 No. of Bed / Cabin 13

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 26/11/18

Signature Tanvir Ahmed  
26/11/18

**REPORT**

*MRI brain & MR Spectroscopy*  
~~MRI brain & MR Spectroscopy of brain~~  
~~MRI dorsal spine & screen~~  
~~of LS & cervical region~~