

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Bijay K. Biswas Age..... 66 Sex..... (M)

Address.....

Physician / Surgeon..... (1) Ward..... mmwb No. of Bed / Cabin..... Xc

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI head
Brain

Particulars point to be Investigated

R. G. KAR MCH
M M W B H
Kolkata

Instruction

Date..... 28/11

Signature..... [Signature]

REPORT