

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Nirupa Banik Age..... 55yrs Sex..... F

Address.....

Physician / Surgeon..... I Ward..... new medicine No. of Bed / Cabin..... B

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain (P+T)

Particulars point to be Investigated

Instruction

Date..... 29/4/18

Signature..... [Signature]

REPORT