

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of Rq 1800862631

Name..... *Soygon Bibe* Age..... 55 Sex..... F

Address.....

Physician / Surgeon..... *I* Ward..... *PMPIA-7* No. of Bed / Cabin..... *236*

Paying / Non Paying.....

Brief history of case *yo Ischaemic CVA*

Clinical Diagnosis *mRI brain*

Particulars point to be Investigated

Instruction

Date..... *12/12/18*

REPORT

Signature..... *[Signature]*

