

Voucher  
001170

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department R043085199

Report / Treatment is required of

Name..... Utpala Mondal ..... Age..... 36y ..... Sex..... F .....

Address..... ..

Physician / Surgeon..... J (Nemo) ..... Ward..... N. Med (F) ..... No. of Bed / Cabin..... fg .....

Paying / Non Paying .....

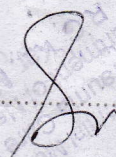
Brief history of case

Clinical Diagnosis MRI of Brain (P+C) + MR Angiography

Particulars point to be Investigated W/W - 18 5.5

Instruction

Date..... 31/10/18 .....

Signature..... 

**REPORT**

R. G. KAR MEDICAL COLLEGE & HOSPITAL  
Department of Electro Therapeutic  
Rajshahi, Bangladesh  
Rajshahi, Bangladesh  
Rajshahi, Bangladesh