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Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Eulmala Halder ..... Age..... 73 yrs ..... Sex..... Female .....

Address.....

Physician / Surgeon..... IIA (G.S.O) ..... Ward..... USW ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case


Clinical Diagnosis

Particulars point to be Investigated

MRI of <sup>whole</sup> abdomen & pelvis

Instruction

Date..... 21/11/18 .....

Signature..... Madhura Mandal  
..... Madhura Mandal

**REPORT**