

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Bappa Oza Age 36y Sex M

Address.....

Physician / Surgeon..... Unit I (Med) Ward MMW-5 No. of Bed / Cabin A-4

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 27/11/18

MRI Brain (Plain + Contrast)

Signature..... Mainak Mandal

REPORT