

West Bengal Form No. 815

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

2410082785

Report / Treatment is required of

Name..... Bala Singh ..... Age..... 42y ..... Sex.....

Address.....

Physician / Surgeon..... N-6 (Medicine) ..... Ward..... FMWB ..... No. of Bed / Cabin..... 22

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 16/11/18 .....

MRI Brain (MR spectroscopy)  
(contrast)

Urea : 31  
Creatinine : 1

Rishabh Chakraborty  
R.M.O.  
Female Medicine Ward  
6th Floor  
R.G. Kar Medical College & Hospital

Signature.....

**REPORT**