

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Gouri Biswas Age 75y Sex F

Address .....

Physician / Surgeon ID Ward Epileptic (A) ward No. of Bed / Cabin 9

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MR I spine ←  cervical thoracic lumbar

Instruction

Date 5/12/18

BMO  
Signature [Signature]  
Deptt. of Ophthalmology  
R.G. Kar (M.C. & H.) Kol-4  
5/12/18

**REPORT**