

1-3571

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Agn Naskar Age..... 34 Sex..... Male

Address.....

Physician / Surgeon..... D-III Ward..... 1110-6 No. of Bed / Cabin..... 20

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 6/12/18

Signature..... [Signature]
R.M.O.
M.H. Ward
R.G. Kar M.C. & Hospital

REPORT