

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Rita Roy ..... Age..... 33 ..... Sex..... F

Address.....

Physician / Surgeon..... I (Medicine) ..... Ward..... EMW - 6 ..... No. of Bed / Cabin..... (71)

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 05/12/18 .....

Signature..... Shayoni Ghosh .....  
R.G. Kar ..... Ward

**REPORT**

... & Hospital