

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RW809546

Report / Treatment is required of

Name..... Shibani Mondal Age..... 26Y Sex..... F

Address.....

Physician / Surgeon..... 1 (Neuro) Ward..... N. Med (F) No. of Bed / Cabin..... 17

Paying / Non Paying

Brief history of case

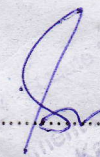
Clinical Diagnosis

MRI Brain (P±C)

Particulars point to be Investigated

Instruction

Date..... 6/12/18

Signature..... 

REPORT