

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R4180052989

Report / Treatment is required of

Name..... Saraswati shaw ..... Age..... 42yrs ..... Sex..... F .....

Address.....

Physician / Surgeon..... U.P. ..... Ward..... F456 ..... No. of Bed / Cabin..... X10 .....

Paying / Non Paying .....

Brief history of case

can MRI (brain) c contrast.

Clinical Diagnosis

Particulars point to be Investigated

Ula - 21

creat - 1.1

Instruction

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

Signature..... Prata R. .....

**REPORT**

**Female Medicine Ward**

**6th Floor**

**R.G. Kar Medical College & Hospital**