

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Moumita Chakrabarty Age..... 25 yrs Sex..... F  
Address.....

Physician / Surgeon..... III (Med) Ward..... ~~MMW 5~~ FMPW-7 No. of Bed / Cabin..... 231

Paying / Non Paying .....

Brief history of case s/o Hanging

Clinical Diagnosis

Particulars point to be Investigated MRI Brain & screening of Cervical Spine

Instruction

Date..... 13/12/18 Signature..... MD Ujjwal Manoj

**REPORT**

