

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Bholanath Saha Age..... 65y Sex..... M

Address.....

Physician / Surgeon..... Neuromedicine Ward..... No. of Bed / Cabin..... M6

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MR Angio
(Brain)

Particulars point to be Investigated

Instruction

Date..... 15.11.18

Residential Medical Officer
Dept of Neurosciences
R.G. Kar MCH, Kolkata
Signature..... [Signature]

REPORT