

Both Thigh.

Plate No. RA1809284  
Register No.

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

9339677999

Report / Treatment is required of

Name..... Simran Jajodia ..... Age..... 21 y ..... Sex..... F

Address.....

Physician / Surgeon..... Neuro medicine ..... Ward..... No. of Bed / Cabin..... F4

Paying / Non Paying.....

Brief history of case

Dystonia

Clinical Diagnosis

MRI of B/L Quadriceps (P+C)

Particulars point to be Investigated

(Urgent) ✓

Instruction

Date..... 30.11.18

Residential Medical Offices  
Trauma Care Centre  
Department of Neuro Sciences  
R.G. Kar MCH, KOLK

Signature

### REPORT

Ur,  $\bullet$  = 17 ng/dl, Cr = 0.5 mg/dl