

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

AL-18 008 22778

Report / Treatment is required of

Name..... *Sushama majhi* Age..... *26y* Sex..... *F*

Address.....

Physician / Surgeon..... Ward..... *CV* No. of Bed / Cabin..... *6*

Paying / Non Paying .....

Brief history of case

*Eclampsia & Encephalopathy*

Clinical Diagnosis

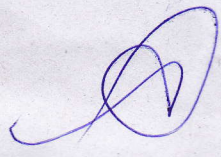
*MRI brain &*

Particulars point to be Investigated

Instruction

*MR Vhojam*

Date..... *30/4/18*

Signature..... 

### REPORT

except in urgent cases, by signed by the Visiting Staff.  
cases, be made as to whether the splints may be removed.  
has been given should be noted.  
Ray Department at 8-30 a.m. for appointment of time.