

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department *RG18093925*

Report / Treatment is required of

Name *GITA DEBNATH* Age *63 yrs* Sex *F*

Address.....

Physician / Surgeon *D Med.* Ward *FMW-6* No. of Bed / Cabin *X10*

Paying / Non Paying

Brief history of case *MRI Brain*

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date *30/11/18*

Signature *Susmita Sen*

REPORT

R.M.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital