

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

RG1800835847

Name..... Rekha Bera ..... Age..... 18y ..... Sex..... F

Address.....

Physician / Surgeon..... Unit IV ..... Ward..... 1PMW6 ..... No. of Bed / Cabin..... X14,

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date..... 30/11/18 .....

MRI Brain with contrast

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

**REPORT**