

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RG 1800835819

Name *Sonita Roy* Age *70y* Sex *F*

Address

Physician / Surgeon *Unit IV* Ward *FMW 6* No. of Bed / Cabin *38*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date *30/11/18*

R.M.O. *Ward*
Signature *[Signature]*
R.G. Kar Medical College & Hospital

REPORT