

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department **RU 180020894**

Report / Treatment is required of

Name..... **MONWARA BIBI** Age..... **45** Sex..... **F**

Address.....

Physician / Surgeon..... **Dr. VI (Medicine)** Ward..... **FMW 6** No. of Bed / Cabin..... **09**

Paying / Non Paying..... **Insurance CVA**

Brief history of case..... **Post 670 Hemorrhage (VA)**

Clinical Diagnosis..... **MPS Brain**

Particulars point to be Investigated.....

Instruction..... **1/2/10**

Date.....

Dr. Arun Chakraborty

Signature

Dr. Arun Chakraborty

REPORT