

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

RG18094746

Name..... Hosenwara Bibi Age..... 24 ym Sex..... P.

Address.....

Physician / Surgeon..... Ward..... GASTRO No. of Bed / Cabin..... 1F

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated MRIP

Instruction

Date..... 3/12/18

Signature..... [Signature]  
Dept. of Gastrology  
R. G. Kar M. C. & H.  
Kolkata-700 004

**REPORT**