

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

1800 89 2419

Report / Treatment is required of

Name..... KHUKU - DAS' ..... Age..... 62 yrs ..... Sex..... Female.....

Address.....

Physician / Surgeon..... VE (M.B.D). ..... Ward..... RM 26 ..... No. of Bed / Cabin ..... 51.....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date..... 22/12/18 .....

Signature.....  
Med. Anisud Hossain  
P.T. (M.B.D)  
R.M.O.  
Female Medicine Ward  
3rd Floor

**REPORT**