

V/4665/MRI

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

REG 02892618

Report / Treatment is required of

Name..... Sujoy Maity Age..... 65y Sex..... M

Address.....

Physician / Surgeon..... IV Medicine Ward..... MMW/6 No. of Bed / Cabin..... 27

Paying / Non Paying

Brief history of case

Clinical Diagnosis ICVA

Particulars point to be Investigated MRI Brain e Contrast

Instruction

Date.....

Signature..... Pranab K. Prasad
23/12/18

REPORT

R M C
R. G. KAR MCH
M M W 6TH
Kolkata

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.