

ACADEMIC CASE  
consider for free investigation

Plate No. ....  
Register No. ....

**R. G. KAR MEDICAL COLLEGE & HOSPITAL** 002228  
Electro Therapeutic Department

Report / Treatment is required of

RG 18085139 MRI

Name..... Ajmira Bibi..... Age..... 26y..... Sex..... F.....

Address.....

Physician / Surgeon..... IA..... Ward..... Eye Aseptk Female

Paying / Non Paying..... No. of Bed / Cabin (14).....

Brief history of case Optic neuritis (R/E) nerve disorder

Clinical Diagnosis VEP- demyelinating

Particulars point to be Investigated MRI spine (whole spine) cervical thoracic lumbar

Instruction  
Date..... 15/11/18

Kolkata-4  
R.G. Kar M.C. Hospital  
Department of Eye  
Professor

REPORT

Signature.....  
(DR. PRASENJIT MAH)

(1) This form should, except in urgent cases, be signed by the Visiting Staff  
(2) A note should, in all fracture cases, be made as to  
(3) The time at which a Bismuch