

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RU 1800785490

Name..... TANU SARUAR Age..... 44y Sex..... F

Address.....

Physician / Surgeon..... MED. UNIT W Ward..... FMW6 No. of Bed / Cabin..... 38

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain (Plain + i.v. contrast)

Particulars point to be Investigated

Instruction

Urea - 26

Date..... 16/11/18

Creat. - 0.7

R.M.O.
Kamala Bagchi
Signature.....

REPORT