

West Bengal Form No. 815

Plate No.

Register No. RG 180068160

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

Report / Treatment is required of

Name..... Ara Ashraf Age..... 55y Sex..... M

Address.....

Physician / Surgeon..... Ward..... MMW5 No. of Bed / Cabin..... (14)

Paying / Non Paying

Brief history of case

Clinical Diagnosis Meningoencephalitis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 1/10/18

Signature..... 

REPORT