

West Bengal Form No. 815

V-3845

Plate No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Register No. FW18094077

Report / Treatment is required of

Name..... Apurba Ray Age 13y Sex M

Address.....

Physician / Surgeon..... Unit I Ward ENT No. of Bed / Cabin 20

Paying / Non Paying.....

Brief history of case  
Clinical Diagnosis FLUC of (L) Temporal lobe abscess drainage.  
Particulars point to be Investigated MRI E Contrast.  
Brain

Instruction  
Date 10/12/18.

Signature [Signature]  
DR. TANMOY SARKAR

REPORT