

West Bengal Form No. 815

R 4186708260

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Gopal Biswas Age..... 62 Sex..... M

Address..... ..

Physician / Surgeon..... V - (S) Ward..... SAW No. of Bed / Cabin..... 26

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain

Particulars point to be Investigated

pt has history of

Instruction

seizures & Carbamazepine
intake.

Date..... 9/10/2018

Signature.....

RMO
SSPU
R.G. KAR
JUG

REPORT