

West Bengal Form No. 815

1370

Plate No. ....

Register No. RG. 1800704457

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

*[Handwritten scribble]*

Report / Treatment is required of

Name..... RANJ NAYEK ..... Age..... 09 ..... Sex..... F .....

Address..... ..

Physician / Surgeon..... III ..... Ward..... MED-6 ..... No. of Bed / Cabin..... 64 .....

Paying / Non Paying..... NP .....

Brief history of case Acute onset convulsion.

Ph No - 8478970961

Clinical Diagnosis single small enhancing CT lesion.

Particulars point to be Investigated MR-Spectroscopy Brain.

Instruction

Date..... 11/10/18 .....

Signature..... *[Handwritten Signature]* .....

**REPORT**