

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG18081835

Report / Treatment is required of

Name Taimanne Khetan Age 21y Sex F

Address

Physician / Surgeon I. G. Meel Ward FMW-6 No. of Bed / Cabin 34

Paying / Non Paying

Brief history of case

~~Seizure~~ Convulsion & weakness

Clinical Diagnosis

MRI brain

Particulars point to be Investigated

Instruction

Date 15/10/18

Signature [Signature]
R.M.O.
Female Medicine Ward
6th Floor
R.G. Kar Medical College & Hospital

REPORT