

Register No. R91800732678

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... ~~Devi~~ Deb Kumar Das Age 3 yr Sex M

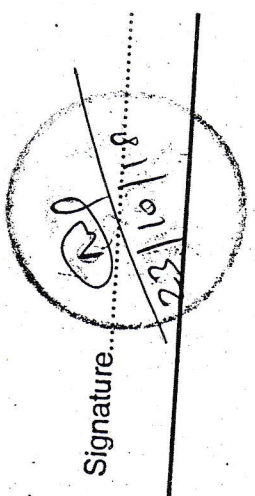
Address.....
Physician / Surgeon..... Unit III B Ward MCW 6

Paying (Non Paying)..... No. of Bed / Cabin 50

Brief history of case Atypical febrile seizure
Clinical Diagnosis

Particulars point to be Investigated MRI Brain
Instruction

Date..... 23/10/18

Signature.....


REPORT