

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG18 0099094

Report / Treatment is required of

Name..... Polly Adhikary

Age..... 34y

Sex..... Female

Address.....
Physician / Surgeon..... IV. Medicum Ward..... Female No. of Bed / Cabin..... 20

Paying / Non Paying

Brief history of case

Clinical Diagnosis Meningoencephalitis

Particulars point to be investigated MRI Brain

Instruction

Date.....

Signature..... Arinash to med
RM.O.
Female Medicine Ward
5th Floor

REPORT

R. G. Kar Medical College & Hospital