

D/No - 0B02

Register No. R.G.180069 9633

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... B/c TAPAMANA KHATUN Age..... D29 Sex..... Boy

Address.....

Physician / Surgeon..... S.W.U. outbm. unit Ward..... S.W.U. outbm. No. of Bed / Cabin..... OB-09

Paying / Non Paying

Brief history of case Neonatal Jaundice with Abnormal movement

Clinical Diagnosis ? Meningitis of the limbs

Particulars point to be Investigated

Instruction MRI Brain

Date..... 11/10/18

Signature..... [Signature]

REPORT