

West Bengal Form No. 815

Plate No.

R41800804939

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Jugal Biswas Age..... 35y Sex..... M

Address.....

Physician / Surgeon..... V Ward..... MMWS No. of Bed / Cabin..... 18

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Fever ↓ evaluation ? Meningitis

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 21/7/18

Signature..... Neelajyoti

REPORT

Visiting Physician
Dept. of Medicine
R.G. Kar Medical College
5th Floor