

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

R41800 804849

Report / Treatment is required of

Name..... KABITA DAS Age..... 20yrs. Sex..... F

Address.....

Physician / Surgeon..... ITA Ward..... HCU 2 No. of Bed / Cabin..... 2

Paying / Non Paying.....

Brief history of case

Clinical Diagnosis

APC & repeated episodes of convulsion during post-partum period.

Particulars point to be Investigated

MRI Brain (P) ~~all~~

Instruction

Date..... 23/11/18
NA

Signature..... Chandra
24/11/18

REPORT