

Urgent

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department RG1800736596

Report / Treatment is required of

Name..... *Tashoda Mondal* Age..... *20* Sex..... *F*

Address.....

Physician / Surgeon..... *U-1 A GPO* Ward..... *Labour room* No. of Bed / Cabin

Paying / Non Paying

Brief history of case *pt is drowsy & Post partum convulsion*

Clinical Diagnosis *(Pt is serious)*

Particulars point to be Investigated *MRI Brain*

Instruction

Date..... *25/10/18*

Signature..... *[Signature]*

REPORT