

West Bengal Form No. 815

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RG/1800742078

Name..... ASHOK BOSE Age..... 65 Sex..... M

Address.....

Physician / Surgeon..... IN Med Ward..... MMW5 No. of Bed / Cabin..... 206

Paying / Non Paying

Brief history of case

Focal seizure

Clinical Diagnosis

Particulars point to be Investigated

MRI Brain

Instruction

Date..... 20/10

Signature..... RMG
dept. of Medicine
R. G. Kar Medical College
Howrah
A. Ghosh

REPORT