

West Bengal Form No. 815

Plate No. ....

Register No. *R9180034433*

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... *Nayam Saha* ..... Age..... *34y* ..... Sex..... *M* .....

Address.....

Physician / Surgeon..... *↓ U-I* ..... Ward..... *MMW-5* ..... No. of Bed / Cabin..... *202* .....

Paying / Non Paying.....  .....

Brief history of case *- fever > 8 days* *- Disoriented, poor GCS* *Urea - 23*  
*Creatinine - 0.9*

Clinical Diagnosis

Particulars point to be Investigated *MRI of Brain (HC)*

Instruction

Date..... *5/12/18* .....

Signature..... *[Signature]* .....

**REPORT**

