

West Bengal Form No. 815

Plate No. ....

Register No. R.G. 81.78.62.09

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Anup Dutta ..... Age..... 56y ..... Sex..... M .....

Address.....

Physician / Surgeon..... Unit - IV ..... Ward..... MMW.6 ..... No. of Bed / Cabin..... Staff Cabin: 1

Paying / Non Paying .....

Brief history of case Convulsion Disorder

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date..... 12/11/18 .....

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

**REPORT**

R. G. KAR MEDICAL COLLEGE & HOSPITAL  
KOLKATA