

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800835879

Report / Treatment is required of

Name..... SRISHTI MARJIT Age..... 1.1y Sex..... F

Address.....

Physician / Surgeon..... I Ward..... mew6 No. of Bed / Cabin

Paying / Non Paying

Brief history of case Seizure

Clinical Diagnosis

Particulars point to be Investigated MRI brain

Instruction

Date..... 30/11/18.....

Signature Subhajit Sinha.....

REPORT