

West Bengal Form No. 815

REG 1800868533

Plate No. ....

Register No. ....

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Report / Treatment is required of

Name..... Supriya Karnekar ..... Age..... 18 ..... Sex..... F .....

Address..... ..

Physician / Surgeon..... TU B ..... Ward..... Kebau room ..... No. of Bed / Cabin .....

Paying / Non Paying .....

Brief history of case N/O Repeated convulsions. C/O Antepartum eclampsia.

Clinical Diagnosis MRI Brain.

Particulars point to be Investigated

Instruction

Date..... 13/12/18 ..... Signature..... [Signature] .....

**REPORT**

RMC  
10/10/18  
[Signature]  
RMC