

RG/8087057

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... *Biswajit Dey* Age..... *27yrs* Sex..... *M*

Address.....

Physician / Surgeon..... Ward..... *Psychiatry* No. of Bed / Cabin..... *(M6)*

Paying / Non Paying.....

Brief history of case *H/O convulsion*

Clinical Diagnosis *Substance abuse*

Particulars point to be Investigated

Instruction *MRI Brain*

Date..... *14/11/18*

Signature..... *Pallavi*

REPORT

Dr Pallavi Bujam
(PGT)