

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

D/N 908

Report / Treatment is required of

Name..... B/D BAIKUNTI SARDAR MUNDA Age..... DL Sex..... GIRL

Address.....

Physician / Surgeon..... D Ward..... SNW No. of Bed / Cabin.....

Paying / Non Paying.....

Brief history of case

History

Clinical Diagnosis

MRE of brain

Particulars point to be Investigated

Instruction

Date..... 29.11.18

Signature.....

Wahimber Saha

REPORT

SICK NEWBORN CARE UNIT
JSSK FREE
RG KAR MCH, KOL-4