

West Bengal Form No. 815

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Reg 18093343

Register No.

Report / Treatment is required of

Name..... Shyamali Baner Age..... 40yr Sex..... F

Address.....

Physician / Surgeon..... Neuro Ward..... Female - No. of Bed / Cabin..... F-3

Paying / Non Paying..... new ward

Brief history of case

(LP) eye ptosis = pupil involvement

Clinical Diagnosis

MRI brain (P) orbit (PTC)

Particulars point to be Investigated

Instruction

W-20
CR-0-9

Signature.....

[Signature]

Date..... 31/12/18

REPORT