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West Bengal Form No. 815

Plate No.

Register No. RG/18/00844 875

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Sujay Karan Age..... 24yr Sex..... M

Address.....

Physician / Surgeon..... ↓U-5 Ward..... MMW-5 No. of Bed / Cabin..... 12

Paying / Non Paying

Brief history of case Paraparesis

Clinical Diagnosis ? GBS

Particulars point to be Investigated ① MRI Brain (P+C)

Instruction ② ~~MRI Cervical + Thoracic spine~~

Date..... 9/12/18

Signature..... Manas

REPORT