

KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Deblina Bera

Age *21y*

Sex *F*

Address.....

Physician / Surgeon *Unit 3*

Ward *FMPWZ*

No. of Bed / Cabin *258*

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Multiple episode of seizures

Particulars point to be Investigated

MRI brain

Instruction

Date *12/8/18*

Signature *[Signature]*

REPORT

- Notes :
- (1) This form should, except in urgent cases, be signed by the Visiting Staff.
 - (2) A note should, in all fracture cases, be made as to whether the splints may be removed.
 - (3) The time at which a Bismuch meal has been given should be noted.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.