

Plate No. RG1800755780
Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Nitesh mallick Age 1m 15d Sex M
Address

Physician / Surgeon IA Paed Ward PICU No. of Bed / Cabin 1
Paying / Non Paying

Brief history of case
Clinical Diagnosis ? I V A

Particulars point to be Investigated MRI Brain / meningitis

Instruction
Date 3/11/18

Signature [Signature]
M.D. [Name] R.G. KAR MEDICAL COLLEGE & HOSPITAL

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