

R.G - 1800 782387

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Ayesha Khatoon Age..... 11 yrs. Sex..... F

Address.....

Physician / Surgeon..... U-11B Ward..... MCW 6 No. of Bed / Cabin..... 28.

Paying / Non Paying

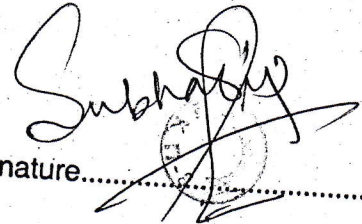
Brief history of case ? Cerebral ataxia

Clinical Diagnosis

Particulars point to be Investigated MRI LS Spine.

Instruction

Date..... 9/11/18.


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.