gal Form No. 815

RE 1800804604.

Register No. ....

Plate No. ....

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

**Electro Therapeutic Department** 

Report / Treatment is required of
Name Blo Nisha Biswas Age D9 Sex Boy
Address
Physician/Surgeon Dr. N. alosh. Ward Snew, No. of Bed/Cabin 08-27
1 aviilu / Non Paving
Brief history of case USG - brain & Supratentonial ventricles prominent
Brief history of case USh - brain & Supratentonial ventricles parominent Clinical Diagnosis Congenital Rubella Syndsome.
Particulars point to be Investigated MLT Brain.
Instruction Date  Signature  Signature
Signature
REPORT

Notes : (1) This form should, except in urgent cases, by 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 Y-Ray Department at 9.30 c. m. for appoint