

D/N 917

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Sho Tajma Khalut ..... Age..... Day 17 ..... Sex..... Girl .....

Address.....

Physician / Surgeon..... Sho ..... Ward..... SWU ..... No. of Bed / Cabin..... 5-1 .....

Paying / Non Paying..... Non-paying .....

Brief history of case..... Repeated H/O vomiting .....

Clinical Diagnosis..... Henjish .....

Particulars point to be Investigated..... MRI (Brain) .....

Instruction.....

Date..... 02.10.18 .....

*[Signature]*  
ASSTT SUPERINTENDENT  
R. G. KAR MEDICAL COLLEGE  
& HOSPITAL, KOL-4  
Signature.....  
RESIDENTIAL MEDICAL OFFICER  
NEONATAL CARE  
R.G. KAR MEDICAL COLLEGE  
& HOSPITAL, KOL-4

SICK NEWBORN CARE UNIT  
JSSK FREE  
R.G. KAR MEDICAL COLLEGE & HOSPITAL, KOL-4

PAYMENT MAY  
BE DONE BY  
**REPORT**

SICK NEWBORN CARE UNIT  
JSSK FREE  
R.G. KAR MEDICAL COLLEGE & HOSPITAL, KOL-4

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 fracture is open or closed.  
(3) The time of day should be noted.