

S-003019

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

RH1800064706

Name..... ~~Dr. Kanai Biswas~~ Kanai Biswas Age 38 Sex m

Address.....

Physician / Surgeon..... (A) Ward mmwC No. of Bed / Cabin 37

Paying / Non Paying

Brief history of case

Clinical Diagnosis

MRI Brain E Epilepsy Protocol

Particulars point to be Investigated

Instruction

Date 26/11/18

Signature..... *[Signature]*

RMO
Dept. of Medicine
R.G. Kar Medical College
Kolkata

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.