

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Geeta Biswas Age 75yr Sex F

Address

Physician / Surgeon LAD Ward eye Aseptc No of Bed / Cabin 29

Paying / Non Paying

Brief history of case optic neuritis (R/L)

Clinical Diagnosis

Particulars point to be Investigated MRI ~~with~~ brain e contrast

Instruction

Date 1/12/18 Signature Dept. Eye

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.