

3878

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name B/0 Lata Mridha Age 1 1/2 month Sex M

Address.....

Physician / Surgeon VJA Ward MCW-6 No. of Bed / Cabin 04

Paying / Non Paying

Brief history of case facial deviation towards Rt side, loss of eyeball closure (left) and deviation of tongue towards left side.

Clinical Diagnosis ? 7th & 12th cranial nerve palsy

Particulars point to be Investigated MRI of Brain

Instruction

Date 10/12/18

Arindam Bose
Junior Resident
R.G.K. & Hospital

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 Bismuth meal has been given should be noted.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.