

RG1800868409

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name..... Tarapada Mandal Age..... 68 Sex..... M

Address..... -

Physician / Surgeon..... III Ward..... MMWS No. of Bed / Cabin..... 206

Paying / Non Paying..... -

Brief history of case - Discharge<sup>2</sup> X 4 days - multiple episodes of Vanting

Clinical Diagnosis - ICH

Particulars point to be Investigated MRI brain - Contrast - speech

Instruction Sr Creatinine - 1.0 mg/dl.

Date..... 13/12/18 Sr Urea 35 mg/dl.

Signature..... Neelima Mishra

### REPORT

copy  
Neelima Mishra  
MSHRA

- 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