

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

RG1800612674

Report / Treatment is required of

Name Gab B/o yusra Ram Age D3 Sex F

Address

Physician / Surgeon / Ward SNW No. of Bed / Cabin

Paying / Non Paying

Brief history of case GDM + microcephaly D/N-721

Clinical Diagnosis MRI brain

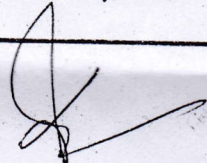
Particulars point to be Investigated

Instruction

Date 5/10/18


Signature 

REPORT


5/10/18

ASST. SUPERINTENDENT
R. G. KAR MEDICAL COLLEGE
& HOSPITAL KOL-4

**PAYMENT MAY
BE DONE BY
FUND**


SICK NEWBORN CARE UNIT
SSF FREE
RG KAR ACH, KOL-4

Pat - 7450899573 Thana New Tow

- 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.