

Plate No. ....

Register No. ....

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

24/14391/MRI

RG-18008797A2

Report / Treatment is required of

Name Sainur Gharami Age 2.5 yrs Sex Boy

Address .....

Physician / Surgeon PA Ward MCW (6) No. of Bed / Cabin 31

Paying / Non Paying .....

Brief history of case Febile Convulsions

Clinical Diagnosis

Particulars point to be Investigated MRI Brain

Instruction

Date 18/12/18

Signature [Signature]

### REPORT

Please write designation

Designation - ?

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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  
(3) The time at which a Biomech