

No. 815

Plate No.

Register No. 18099057

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... BIABANI RANI SAMANTA Age..... 60y Sex..... F

Address..... PA 180 22 672

Physician / Surgeon..... Neuromedicine Ward..... Neuromid (P) No. of Bed / Cabin..... P 2

Paying / Non Paying

Brief history of case

? Frontal lobe degeneration

Clinical Diagnosis

MRI Brain (Non-contrast)

Particulars point to be Investigated

Instruction

Date..... 19/12/2028

Dr. Subyashu Dash
Signature.....

REPORT

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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 removed.
 (3) The time at which a Bismuch meal has been given should be noted.