

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... NOOR KHATOON Age..... 2 m Sex..... F

Address.....

Physician / Surgeon..... UNIT-110) Ward..... MCHCPICO) No. of Bed / Cabin..... Pg

Paying / Non Paying

Brief history of case
Clinical Diagnosis
A Meningitis i large posencephali cyst
i Hemorrhagic Infarct

Particulars point to be Investigated

Instruction
Date..... 19/12/18 MRI Brain

BMB
M.C.H. Ward
R.G. Kar M.C. & Hospital

Signature..... Dr. Sreetama
PGT, 2nd yr Choddy
(Full signature + Designation)

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 Bismuch meal has been given should be noted.
..... to the X-Ray Department at 8-30 a.m. for appointment of time.