

Plate No.

Register No. RG1800884853

R.G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

53

W-12

Report / Treatment is required of

Name..... Soumili Haldar Age..... 2y 8 months Sex..... F

Address.....
Physician / Surgeon..... UWA (Paed) Ward..... MCW6 No. of Bed / Cabin..... 7

Paying / Non Paying

Brief history of case H/O k/e/o seizure disorder

Clinical Diagnosis

Particulars point to be Investigated MRI Brain.

Instruction

Date..... 20/12/18

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



Signature..... Satyaki Chakraborty

REPORT

*No RMO stamp available in new @
Satyaki Chakraborty*

- 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.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.