

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Ry 180 78911

Report / Treatment is required of

Name..... Samuel Haque Age 70 y Sex M

Address.....

Physician / Surgeon..... Ward Neuro med No. of Bed / Cabin M 11

Paying / Non Paying

Brief history of case 3rd N palsy + HTN + T2DM.

Clinical Diagnosis

Particulars point to be Investigated MRI - Brain w/ Contrast to look for Cavernous Sinus Thrombosis

Instruction

Date 08.10.18

Signature.....

REPORT

S. Urea - 33 mg/dl
S. Creat - 0.9 mg/dl

- 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.